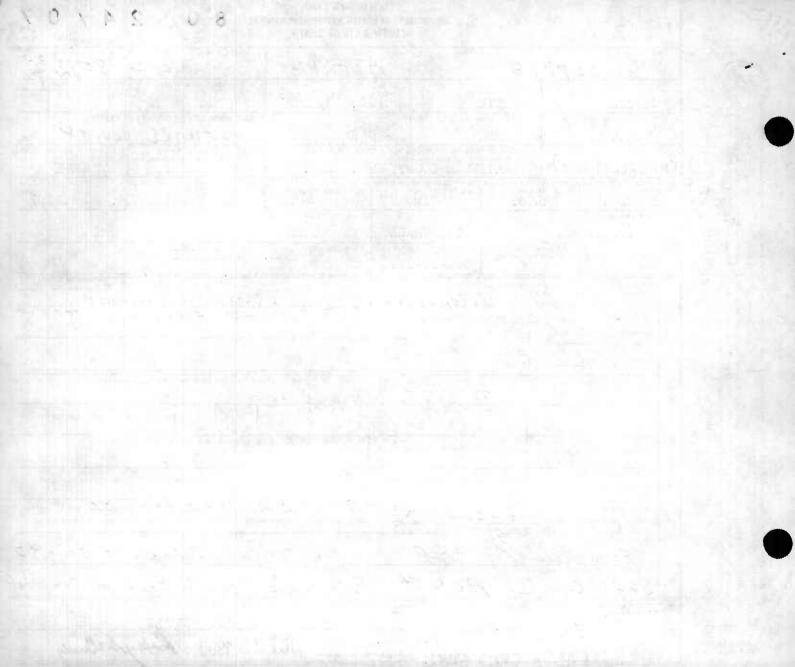
K	1	FOR - STATE REGISTRAR	STATE OF MAR  DEPARTMENT OF HEALTH AN  CERTIFICATE O	NE MENT AL HYGIENI	8 0	2 4 7	0 6
be a 3 death		CEASED NAME FIRST EOR PRINT)	Black Joseph As L.	+ 4	DATE OF DEATH M	0-20-80	28. HOUR 4 5 M # UNDER 24 HRS
Pag Actor, princes.		fourte	CITIZEN OF WHAT COUNTRY?	3 - 38	91		HOURS MIN
after death ne tureral minin 72 h	10.5	CERMANY ITY OR TOWN OF DEATH 11.	MARRIED NEV WIDOWED TO NAME OF HOSPITAL, NURSING HOME OR OTHER I	DIVORCED   12a	USUAL OCCUPATION OF OF WORK FOR MOST OF	IN TIE KIND OF	MD.
in 24 hours a	est.	AL RESIDENCE IN NURSING BY BY STATE	Sherice Reph Nel	usung Hexe	STREET ADDRESS	1 AT	HOME
RE, MARYLA xecuted with 1 and 2 shou medical ex	1	ATHER'S NAME MIDI	are Gude H	HER'S MAIDEN NAME	MIDDLE	WHIT	E
ALTIMOR cate be ex cate be ex sicran and srs. Pages al.		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA	319-59-5113 IRE	NE Robise	w wood	stack had	21163 AATE INTERVAL INSET AND DEATH
quires that the death certifi grad by the attending phys please remove carbon page burial, cremation, or remove mjury, or other traumatic ev		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		- Kent	Series	15)	lever -
The law re e has been s eremit. There ne prior to shows any i	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PE	RFORMED 2	100 AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES C	GS USED
PHYSICIAN: The physician. This certificate had urial-transit perm. Mental Hygiene dor Item 18 she	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	W INJURY OCCURRED		IN ITEM 18, PART 1 OR PART 2)	
DIVISION SUDING PH attending R: After th as the bur as the bur sis marked of	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		ATION REET	CITY OR TOWN	(a) 90 Co	STATE
TO HOSPITAL OH ATTENI retained by the hospital or an TO FUNERAL DIRECTOR: should be detached for use an with the State Dept. of Healt		22e I certify that (I) (this hospital) sow the deceased alive an obove, (I) (walldid) (did not) v  22b SIGNATURE  THE PHYSIC IAN SNAME (THE OFFI	ew the body affer death.  DEGREE  ARCHITECTURE  DEGREE	ATTENDING M	to Coursed on the date EDICAL STAFF RECTOR PHYSICI.	e and hour and from the co	-
BP DHMH-16 25M (VRA 15, 4) 1/79	L	BURIAL, CREMATION, REMOVAL SPECED UNITED TO SPECED UNITED	10-23-80 Loudon Pan	ek CEM.		COUNTY MAN	state ny land
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	1.	- STATE REGISTRAR			CERTII	ICATE OF DEATH	REG. N	10		
Paragraph.		CEASED NAME FIRST	IE	MIDDLE	/	FFRIN	2e. DATE OF DEATH	MONTH DAY	YEAR 28. H	3 5
<b>自用</b>	3. SE	x	4 RACE		5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY] IF UND	DER I YEAR IF UNI	DER 4 HRS
once.		FEMALE	WHIT	`E	MONT	ÄR. 10, 1898	82	YRS.	S DAYS HOUR	S MIN
at di hou	7e. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)		F WHAT COUNTRY?	* MARRIE	D NEVER MARRIED	BALTIMORE CITY	COUNTY OF D	EATH	
funer in 72		RUSSIA	US		WIDOW	ED XX DIVORCED	BACTIM	IRE U	DUNTP	м
by the feed within	Ro	UDAUSTOWN OF DEATH	(IF NOT IN SU	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET / 'IMORE COU!	ADDRESS)	EN. HOSP.	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEWI	DE WORKING LIFET IN	N. KIND OF BUS	
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nows an	CERTIFICATION	1% DATE OF OPERATION	196 CONT	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDINGS US	SED
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55 E		OR CONTRIBUTING CAUSE OF DE		A.M. MONTH DA	Y YEAR	Total Transfer				
d Men	MEDICAL	214. INJURY OCCURRED	21e PLACE	OF INJURY		21F LOCATION			1000	
the bur h and N narked	ξ	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE, FA	ARM, ETC	STREET	CITY OR TO	wn cc	YTAUC	STATE
ealth ealth is m		220.1 certify that (1) (this hosp	ital) attended t	he deceosed from_	10 -	-7- 1986	2 10 10 -	20-19	80, that (1	) (we) lo
of H		saw the deceased olive a	16-	20- 19.	50.0	nd that in (my) (our) opinion o	deoth occurred an the d			
ed for u		abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bad	y after death.		DEGREE		12	2c. DATE SIGNE	ED
detached state Dept		Somelie	4	Hores		ATTENDING PHYSICIAN	MEDICAL STA	FF IAN DE	10-20-	-8
State TANT:	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		7	000	
should be deta with the State		SOON CHU	-	HONG	1	Baltoners	County	Seven	al Hos	= pen
- 75 = 9	23a	BURIAL	23h. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOC ATION CITY OF TOWER	COUNT		STATE
						ONTEFIORE	FARMING	DALE	NEW	YORK
IH-16 25M		UNERAL DIRECTOR SOL I		ADDRESS. 3	INC.	h'ct'	REC'D. BY REGISTRAR	JSB GISTRAR'S	SIGNATURE	
15, 4) 1/79		6010 REISTERSTO	WN RD	BALTO	MD	21215	~ W 130U	1.1.1	- Trussy	



AT )		I. DE	STATE REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIF	ICATE OF DEATH  AST	REG. NO.	NTH DAY YEAR	12b HOUR
and an		(TYPE	CR PRINT)	n	AKIN	S	October 4, 1	1980	12:30p
/		3. SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
			Male	Black		12/1912	67	YRS.	MIN.
nce.	1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY OR C		
of of	0	10 (	Maryland ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURS	WIDOWE		Baltimore (		M
Notifie	7	E	ssex	Franklin Squ	eradoress)		(TYPE OF WORK FOR MOST OF WO Farm Hand		
rimust b	5	136. 9	TATE 13b_COL	or other institution, give residence befounty  13. CITY OR TO  Glen A:	WN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS Box 617		
Komine	30	14. FA	Grandville	Akins LAST		15. MOTHER'S MAIDEN NA.  First  Flora	Christy	LA	ST
e medical	1		VAS DECEASED EVER IN U.S. A YES, 10 OR UNKNOWN) (IF YES, G	THE WAY OF THE STATE OF		17 INFORMANT Ernie 5. Ak	ADDRESS cins, Rosedal		ID
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or them 18 sh	9		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
rked or 1		MEDICAL	21d. INJURY OCCURRED  WHILE ONOT WHILE OF AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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Z-	1		22d PHYSICIAN'S NAME TYPE Dr. Del Mon			22e. ADDRESS	clin Square D		0704700
With the Sto MPORTAN			DI. DEL MON						

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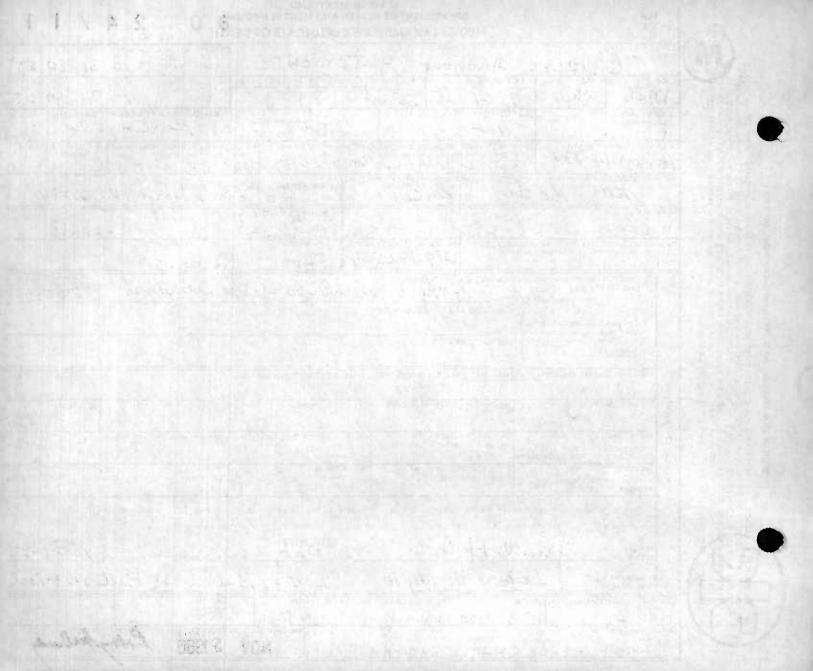
100	_	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
M)		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		NUMBER	LEROY	ALLEN	10 -	28-80 10.1.
	3. S	EX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
		DALE	Bunck	6 18 03	77 YR	s.
500	70.1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
65	> /	MARYLAND	21.5. A.	WIDOWED DIVORCED	CATONSVILLE	BAHO.
Delined C	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINES
2/6			TAWES NURSI		TRUCK DRIVER	
pe pe	USU 13a	JAL RESIDENCE (IF NURSING HOME STATE	FOR OTHER INSTITUTION, GIVE RESIDENCE BEFO		13. STREET ADDRESS	
B		DARYLAND	BALTIE			STREET
- Ju	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	1
3500	2 :	JOHN	FRANK PLAN		MIDDLE	TALBOT
	16a	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC		ADDRESS	TALBUT
medicol	ALC: Y	(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 910 - 10	-5015 CATHERINE	ORR N.S.S. TAN	was Nos Ha
- £	=	7	only one couse per line for (a), (b), o		UKK 11.3.3. IHU	APPROXIMATE INTER BETWEEN ONSET AND
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or oth		gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ		MINAL DISEASE OF CONDITION	GIVEN IN PART I(a)
0 9	NO	gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQ	UENCE OF  DEATH BUT NOT RELATED TO THE TERM  AND VISUAL WELL		GIVEN IN PART 1(a)
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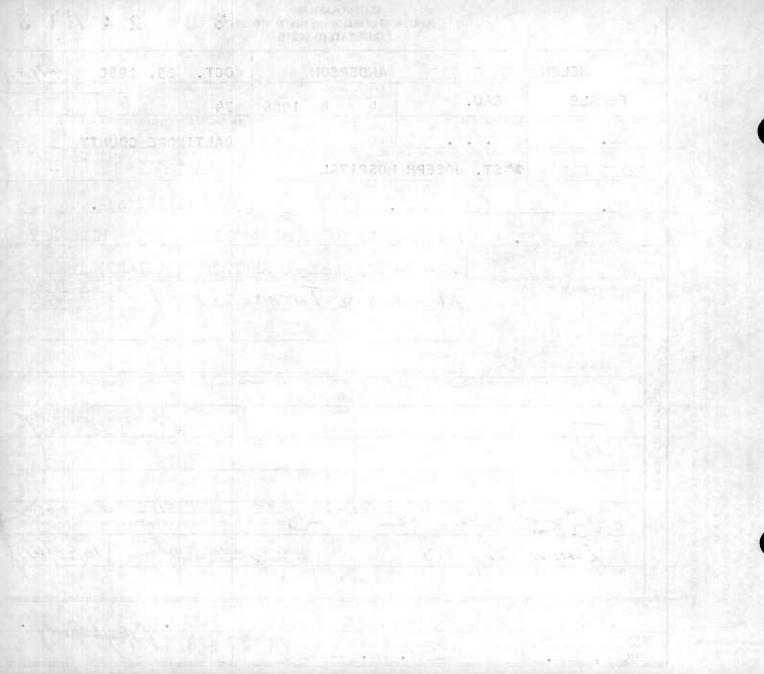


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) GEORGE E. AMEY, Jr. 10/21/80 p 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 26 PAY HOURS White 114 76 Male TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED XNEVER MARRIED Baltimore County USA Maryland WIDOWED [ DIVORCED | 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Catonsville 601 Mevers Drive Plumbino Retired BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS filled buld b 13d INSIDE CITY LIMITS? Baltimore Catonsville 601 Meyers Drive Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE F. Amey. Sophia Keyser George 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-03-2739 Same as #13 Shirley C. Amey No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY 96 hs DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a solow Cardes Von the lutre Conditions, if ony, which gave rise to immediate cause las stoting the ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? a ā IN CERTIFYING CAUSES OF DEATH? pe NOF NO [ 71n ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ā (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased olive on. , and that in (my) (and opinian death accurred an the date and have and fram the couses stated obave, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED 10-ATTENDING ASDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IMPORT, Cliff Ratliff, Jr 5772 Westview Mall Baltimore, Md. 21228 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY Ellicott City Howard Maryland 10/25/80 Good Shepherd Burial 25a. DATE REC'D. BY REGISTRAR 25b. REC STRAP'S SIG ATTI 24 FUNERAL DIRECTOR Witzke Funeral Home of Catonsville DHMH - 16 60M 1/75 (VRA 15(4)) 1630 Edmondson Avenue Catonsville, Md. 21228

STATE OF MARYLAND

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(,	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGI  CERTIFICATE OF DEATH	ENE 8 0 2 4 7 1 3
# # # # # # # # # # # # # # # # # # #	1. DECEASED NAME FIRST (TYPE OR PRINT)	ELIZABETH ANDERSON	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR OCT. 25. 1980 44914
may be ms.page 3 fter death	3. SEX FEMALE	4 RACE 5 DATE OF BIRTH	OCT. 25, 1980 #49/14 M  6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 HOURS MINI.  MONTH'S DAY'S HOURS MINI.
directors poors after	7a BIRTHPLACE (STATE OR FOREIGN	4 4 1906	74 YRS.
ter death. Re funera co within 72 miled of ance	COUNTRY)  MD.	U.S.A. WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE COUNTY  MD.
offer the f ed wit	BALTIMORE		120 USUAL OCCUPATION (ITYPE DE WORK FOR MOST OF WORKING LIFE) HOMEMAKER  - 120, KIND OF BUSINESS OR INDUSTRY -
BALTIMORE, MARYLAND 2120  ote be executed within 24 hours siscion and completely filled in by ppers. Pages   and 2 should be fill vol.  t, the medical examinermust be ac	MD.	corother institution, give residence before admission) 13d. Inside city limits? $ \begin{array}{c c} \text{BALTO}_{\bullet} & \text{yes} \; \overline{\mathbb{X}} & \text{no} \; \Box                                  $	3228 DUDLEY AVE.
E, MARYLA completely f and 2 sho	14 FATHER'S NAME FIRST MARTIN	G. BAUERNSCHUE MARY	ALICE MULLAST ANEY
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OR ATTENDO of the hospitol of the hospitol of the hospitol of the hospitol of heal for use opp. of heal them 21 is m	saw the deceased plive	spirit bitended the deceased from 10/25 , 19 ond that in (my cur) opinion d view the body after eleath.  DEGREE  ATTENDING PHYSICIAN	eoth occurred on the date and hour and from the causes stated  MEDICAL STAFF DIRECTOR PHYSICIAN   16/25/80.
TO HOSPITAL Coretoined by the TO FUNERAL Dishould be detected with the State DIMPORTANT; if	22d. PHYSICIAN'S NAME (TY)	PE OR PRINT) 22e ADDRESS	23d LOCATION
7633BP	BURIAL, CREMATION, REMOV	236. DATE 236. NAME OF CEMETERY OR CREMATORY  10/28/80 GARDENS OF FAITH	BALTO.
DHMH - 16 50M 1/76 (VR A 15 (4))	"SCHIMUNEK FU HOME. INC.	UNERAL 3331 Brehms Lane Balto. Md. 21213	28 1980 TRAR 256 DE SE TOMONATORE



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4	1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE & U 2 4 / 1
60	DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
	George A Andrews JR. 101 EV 85,
de rector, p	5. DATE OF BIRTH  MONTH  DAY  YEAR  6. AGE (IN YEARS LAST BIRTHDAY)  WONTHS  DAYS  WONTHS  DAYS  HUNDER 1 YEAR  FUNDER 24 HRS  WONTHS  DAYS  HOURS  MIN
Orbital di	76. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH WIDOWED   DIVORCED   Paul Co. MI
softer is ofter filed with	Toward Me 11. Name of hospital, nursing home or other institution (if not in such facility, give street address). Bulls 120 Uses on Milk in (6)
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill examiler must be in	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE  136 CHINTY 137 CHINTS? 136 STREET ADDRESS Park Drive 2173
MARYLA ompletely ond 2 sh	George R. Andrews 15. MOTHER'S MAIDENNAME FOR TELLA MIDDLE BENSON
BALTIMORE, M. ote be executed sisten and comp ppers. Pages 1 or val.	60. WAS DECEASED EVER IN U.S. ARMED FORCES? TO BOOK SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO GRUNKNOWN) (IF YES, GIVEN ADDRESS)  (YES, NO GRUNKNOWN) (IF YES, GIVEN ADDRESS)  (ATherine E Andrews Same
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DIV Sattenbing Sapital or of CTOR: After of for use os t it of Health on n 21 is marke	220. I certify that (i) (this hospital) attended the deceased from 1960, to 10-1, 1980, that (ii) (we) las sow the deceased alive on 1990, and that in (my) (we) opinion death occurred on the date and hour and from the causes stated above, (ii) (we) (did) (did-oi) view the body after death.
tookee tookee	22b. SIGNATURE  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10-1-60
HOSPI's bined b FUNEF buld be th the SI	22d PHYSICIAN'S NAME (TYPE OR PRINT)  220 ADDRESS  75 27 Belown Rel Ballo 21234 Orcal
492 BP	230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION PROPERTY STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	EVANS TOHORAL Chapel 8800 HARTORD Rd UCI 6 1980

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	l i	Burial		10/1	1/80	Mor	unt	Olivet	Freder	ick,		Md.

DHMH-16 25M (VRA 15, 4) 1/79

<sup>14 FUNERAL DIRECTOR</sup> Henry W. Jenkins & 4905 York Road Balto., Md.

Sons Co. 21212 250. DATE REC'D, BY REGISTRAR 250. REGISTRAR'S SIGNATURE OCT 7 1980

OBST DE MINISTER ARTONE, IN CAMPAN 6, 1980 Male White Warch 18, 1887 26 tire county Cooleyeville 126 Nov Hill Road Encarion Maryland Balto, Cockeysville 3 x 120 My Hill Fload F : 7 311 ue 1 Ion. Yes WW I 108 16 4875 Nrs. Villian H. Mansy 10/0/20 Dr. J. Alan Baldanza, W.D. | B Cadar Knoll Fort, Cookysyilla, Md. Eurial 10/11/80 vount Olivot Fra enicle,
Henry W. Johannes Cone Co.
4955 York Road Ealton, Md. 81212 (U.C. 1980) Johnson

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

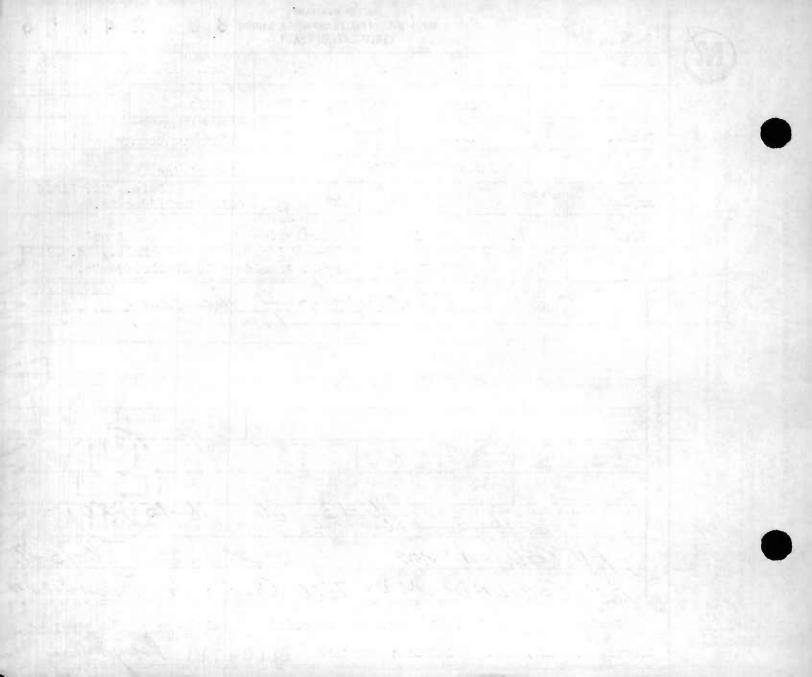
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME Carroll F. 15, 1980 9:20 Arnold. Sr. Oct. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Aug. 18, 1897 Male White 83 7g. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penna. U.S.A. Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) St. Joseph Hospital Towson Electrician USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS Balt., Md. 21234 6810 Sturbridge Dr. 13d. INSIDE CITY LIMITS? Baltimore Maryland 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Catherine Arnold Pius Arnold ADDRESS Balt., Md. 21234 16h SOCIAL SECURITY NO 17 INFORMANT Wife: 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)
Yes (IF YES, GIVE WAR OR DATES) 717-07-9455 Mary E. Arnold 6810 Sturbridge Dr. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that () (this hospital) attended the deceased from sow the deceased alive on obove, XI (we) (did) (d.X.Xa); view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE STATE Burial Oct 18 1980 Moreland Memorial Baltimore Maruland

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR

FOR

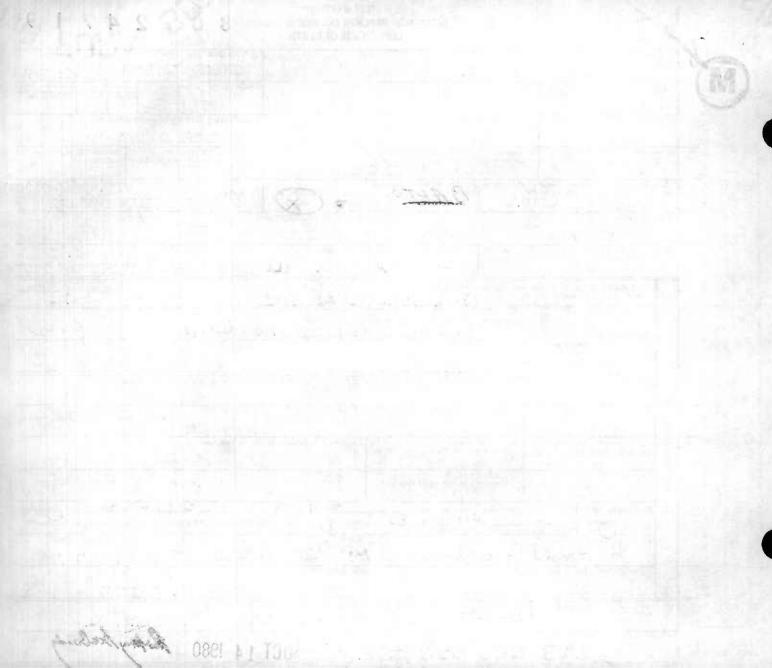
Leonard J. Ruck, Inc. Baltimore, Maryland



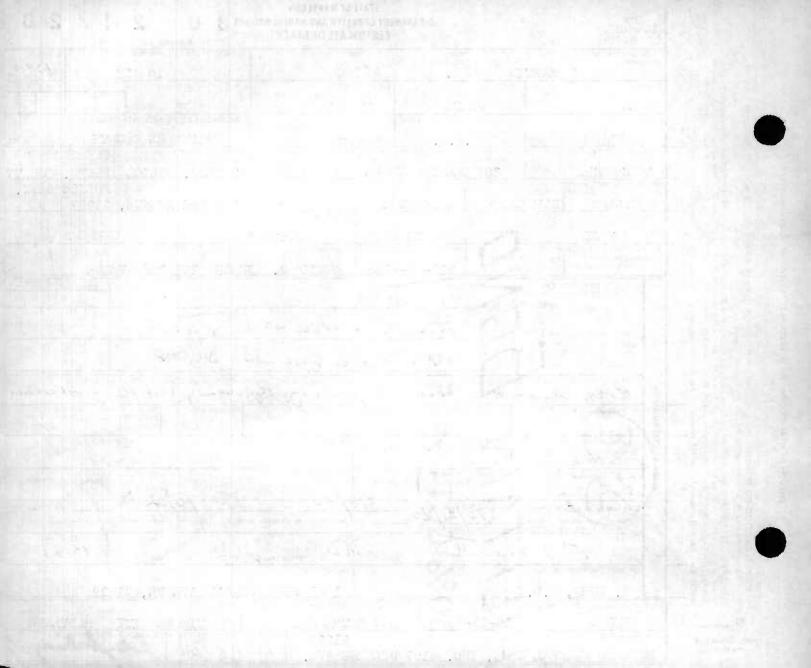
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STATE OF MARYLAND

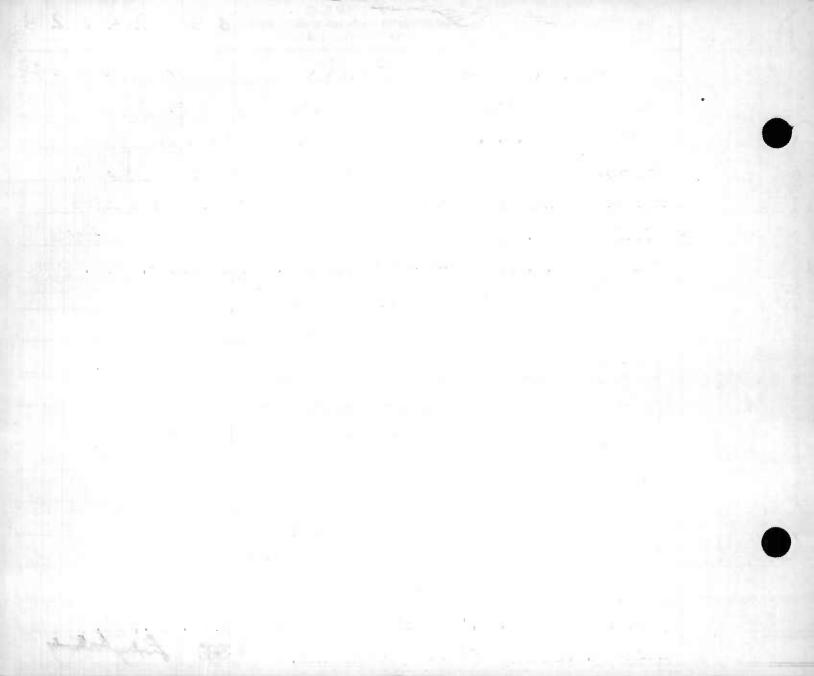
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DHMH-16 25M (VRA 15, 4) 1/79	F	ARLEY F.H.	6601 FEE	D. HIC-	OCT 3	1 1980	stry Mal	heady	

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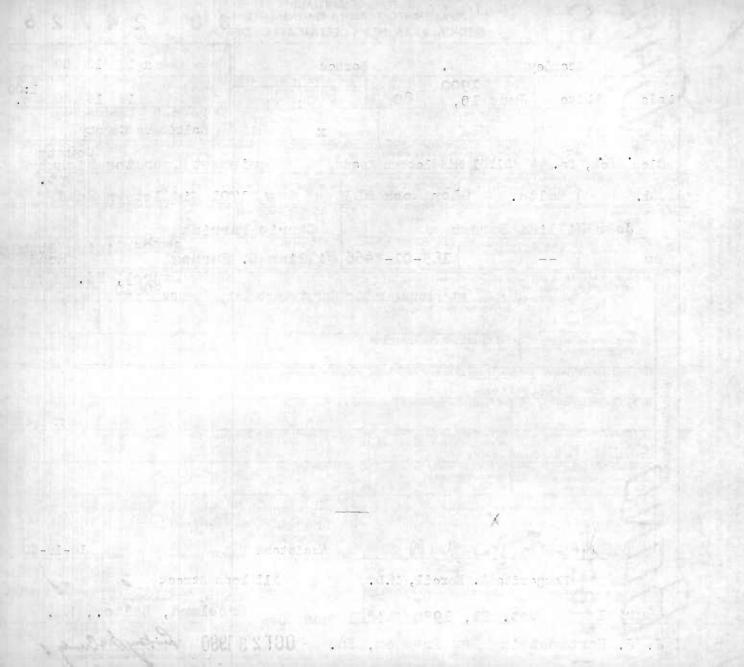
4		1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 / 2 3  CERTIFICATE OF DEATH  REG. NO.				
			CEASED NAME FIRST	MIDDLE	ST	20. DATE OF DEATH MON	NTH DAY YEAR 26. HOUR	
	moy be poge 3 ter deoth	(TYP)	Raymond			October 7	1980 12:39p	
leoth. Poge 4 mo			X 4. F	RACE S. DATE O	F BIRTH	& AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	
			M	W 10/	22/06	7.3	YRS.	
			RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Baltimore city or control Baltimore		
5	offer d	10.C	OSSVILLE	NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DIRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY	
2120	hours	USU 13a.		IER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
ARYLAND	y fifth should er mui	4	MD BAL	TO RIDOLE RIVER	YES NO NO	904 FUS	ELAGE AVE	
MARYI	ond 2	20	ATHER'S NAME FIRST SAMVEL	BAILEY	15. MOTHER'S MAIDEN NAM	MAY	EATONIAST	
IMORE,	on and co		VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE W.)	D FORCES? AR OR DATES)  10b. SOCIAL SECURITIONS 2 3 3 4 5 CURITIONS 4 M K	17 INFORMANT L12ZIE	BAILET	ABOVE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALT AL OR ATTENDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician. AL DIRECTOR: After this certificate has been signed by the ottending physicia stateched for use as the buriol-transit permit. Then please remove carbonapaers are Dept. of Health and Mental Hygiene prior to buriol, cremation, at remaval. It them 21 is marked or them 18 shows any injury, or other traumatic event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	death of ottending over contrion, or conmoti		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF Subarachnoi	d Hemorrhag	e		
	by the		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
	es plume	Z	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITI	ON GIVEN IN PART 1(0)	
	he law r an. hos bee r permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \( \sum \) NO \( \sum \)	
			21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
	1 6 6 7	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	TTEND pitol or TTOR: A for use of Heal		220.1 certify that (this hospital) sow the deceased alive on above, Newe) and felicing or vi	arrended the deceosed from		ta October death occurred on the date of	7_, 19_80, that (we) lost and hour and from the couses stated	
	SPITAL OR A I by the hos VERAL DIRECT be detoched to Stote Dept.		22h. SIGNATURA .		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		
	FUT FUT THE POST THE		22d PHYSICIAN'S NAME (TYPE OR PR Miguel	Machado, M.D.	9000 Franl	klin Square	1980 Drive 21237	
45	BP	230.	BURIAY CREMATION, REMOVAL 12	10/10/80 HOLLY	METERY OR CREMATORY HILL	23d. LOCATION CITY OR TOWN	P. H. Brand	
	DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR  SAME CONNEL	ADDRESS	25d G	RE D BY RELD TRAN 25%	registr A's signature	

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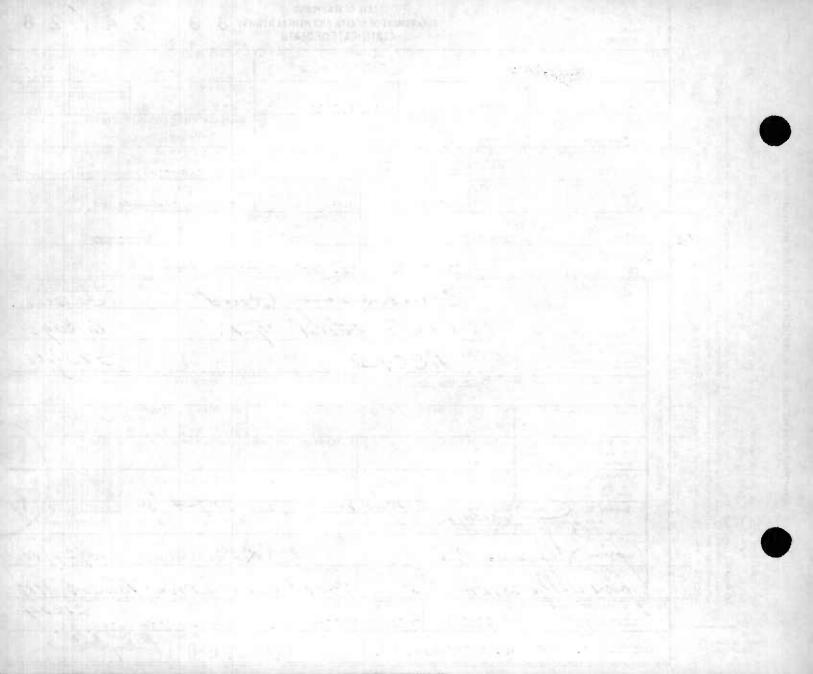
6	1.	FOR STATE REGISTRAR			MENT OF F	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		<b>2</b> REG. NO.	4 7 2	5
7		CEASED NAME FIRST		AIDDLE		AST	20. DATE OF DE	ATH MONTH	DAY YEAR 26 HOU	R
		HAROL		Ε.		NNAR		10	7 80 51	M
1 (61)	3. SE		4. RACE		5. DATE (		6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS HOURS	MIN.
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_ \frac{1}{2} \fra	C	ATONSVILLE	36 S. I	PROSPECT	ADDRESS) A VENU	OR OTHER INSTITUTION		UPATION MOST OF WORKING LI	126 KIND OF BUSINES	SSOR
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours in yaicion and completely filled in by apers. Pages 1 and 2 should be file you.  11, the medical exemine must be no	130. S		ROTHER INSTITUTION. NTY TIMORE	GIVE RESIDENCE BEFOR 13(, CITY OR TOW CATONS V	/N	138 INSIDE CITY LIMITS		PROSPECT	AVENUE	
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ALTIMORE, te be execution and celers. Pages 18. the medical	16a V	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	221-01-		RAYMOND E.	BANNAR 46	ADDRESS OF COLLEGE	GE AVE .  APPROXIMATE INTERV BETWEEN ONSET AND D	
RDS, 201 W. PRESTON ST., BAL equires that the death certificate in signed by the attending physici. Then please remove corbonapaper to burial, cremation, or removal. injury, or other traumotic event, the	NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OI  DUE TO, OI  DUE TO, OI  CONDITIONS	R AS A CONSEQUER AS A CONSEQUER AS A CONSEQUER	ENCE OF	NOT RELATED TO THE T		R CONDITION GIV		
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DIVISION C DING PHYSIC or attending After this ce e as the buric olth and Men marked ar the	MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	21f. LOCATION STREET	CIT	YORTOWN	COUNTY STA	ATE
TTENDI pital an TOR: A far use of Heal		220.1 certify that (1) (this hasp saw the deceased alive ar abave, (1) (we) (did) (did no		5/919_		0	nian death accurred a	the date and have	19, that (b) (w or and fram the causes sta	
OR he ho both he both he both he both he both he both H fter		226. SIGNATURE  COLONIA  226. PHYSICIAN'S NAME (TYPE O	Kulm	-\$		ATTENDIN PHYSICIAL  1226. ADDRESS	MEDICAL N DIRECTOR	STAFF PHYSICIAN [	#10/9/2	80
TO HOSPITAL retained by th TO FUNERAL should be dert with the State		ALBIN	0. K	UHN	国	1001 PIN			GALT MD	
0000	BU	BURIAL, CREMATION, REMOVAL SPECIFY) JRIAL	23b. DATE 10/10/			EMETERY OR CREMATO W CEMETERY	WILMI	NGTON	COUNTY DELAW	
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR  IBBARD FUNERAL 1	HOME 410	7 WILKEN	S AVE		OCT 9 19		RAR'S SIGNATURE	

(TYPE OR PRINT)	AME FIRST	WIDDLE	LAST	20. DATE KNOWN		-
The State of the S	Stanley	W.	Barnes	OF ESTI-	10 18 1980	N
3. SEX Male		DAY 90 GAR LAST BIRT	HDAY) MONTHS DAYS HOUR	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	10 18 180 1 2d HOUF	
BIRTHPLACE FOREIGN COUNT	(STATE OR 76. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER M	- 9 BALTIMORE CITY O	DR COUNTY OF DEATH	1
. Maryl	land	USA	WIDOWED X DIV	ORCED   Baltimor		).
Glen R	I I I NOT	F OF HOSPITAL, NURSING HO IN SUCH FACILITY, GIVE STREET ADDRES L701 Middletown	n Road	For most of working life) Equipment Oper		
Md .	Balto.	Glen Rocl	RD3 134 INSIDE CITY LIMI	21701 Middle	Dept/ town Road	
14. FATHER'S NA	MIDDLE	arnes		ie Parrish	LAST	
16a. WAS DECEA (YES, NO, OR UN NO	ASED EVER IN U.S. ARMED FORC IKNOWN) (IF YES, GIVE WAR OR DATE			m C. Barnes  Laur  Ascular Disease 20	Road	е
gave cause lying PART 2 OTH	ditians, if any, which rise to immediate	ETO, OR AS A CONSEQUENC  (b)  ETO, OR AS A CONSEQUENC  (c)  TO DEATH BUT NOT RELATED TO THE T	CE OF	necular Disease <sup>20</sup>		_
TIFIC		CONDITION FOR WHICH OF			20. AUTOPSY?  YES 🛣 NO 🗆	
		TIME OF INJURY OUR A.M. MONTH DAY YE		JRRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART 1 OR PART 2)	
CONTRIB	RY OCCURRED 21	P.M. 19 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)	. 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
WHILE AT WORL  270. I c  death re  ACTUAL  SIGNATU	AT WORK  Certify that I tack charge of the resolved from:  Natural causes  ORE  RY OCCURRED  NOT WHILE  AT WORK  Certify that I tack charge of the resolved from:  Natural causes  ORE  RYS NAME  Margarite	PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.)	Suicide , Hamicide TITLE (SPECIF	ection , Inquiry , on , Undetermined manner ,	COUNTY STATE  Id in my opinian  DATE SIGNED 10-19-80	

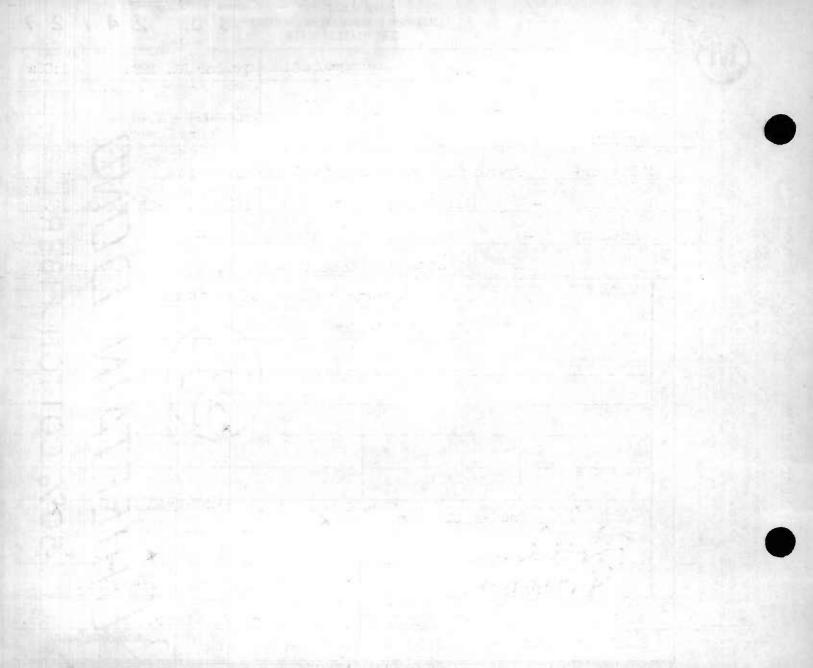


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE 2n. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) barranco October 24 1980 10:53 3 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5 DATE OF BIRTH YEAR White Female Oct. 21, 1918 To. BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore county Colorado WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson St. Joseph Hospital Floor LaduClothing Manfacturer WSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ping Md. Baltimore YES 1439 Cedarcroft Rd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE LAST Armetta John Sarah Barranco ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-03-6386 Mr. Carlo Barranco no same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH pope 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY alder Aschenough PRESTON ST., IMMEDIATE CAUSE (0) Conditions, if ony, which gave rise to immediate couse (a), stating underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16 CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygier NOF sho 21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M ö 21d INJURY OCCURRED 21e. PLACE OF INJURY 71f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that (In (this haspital) attended the deceased from 10/20 sow the deceased live on obove. (I) (re) (did) (did not) view the body after death. and that in (my) (our) ppinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN Should be detowith the State [ PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 230. BURTAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE CITY OR TOWN Entombment BP Oct.28,1980 Dulaney Valley Mem. Cockeusville Balto 250. DATE REC'D. BY REGISTRAR 256. BOSISTRAR'S SONA 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Leonard J. Ruck Inc. Baltimore, Md. (VR A 15 (4))



Home.



FOR

- STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

DAY

YRS

IF UNDER I YEAR

AONTHS DAYS

INDUSTRY

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

21208

RETAIL

(21208)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

7:00A

IF UNDER 24 HRS

24 FUNERAL DIRECTOR DHMH-16 25M SOL LEVINSON & BROS (VRA 15, 4) 1/79

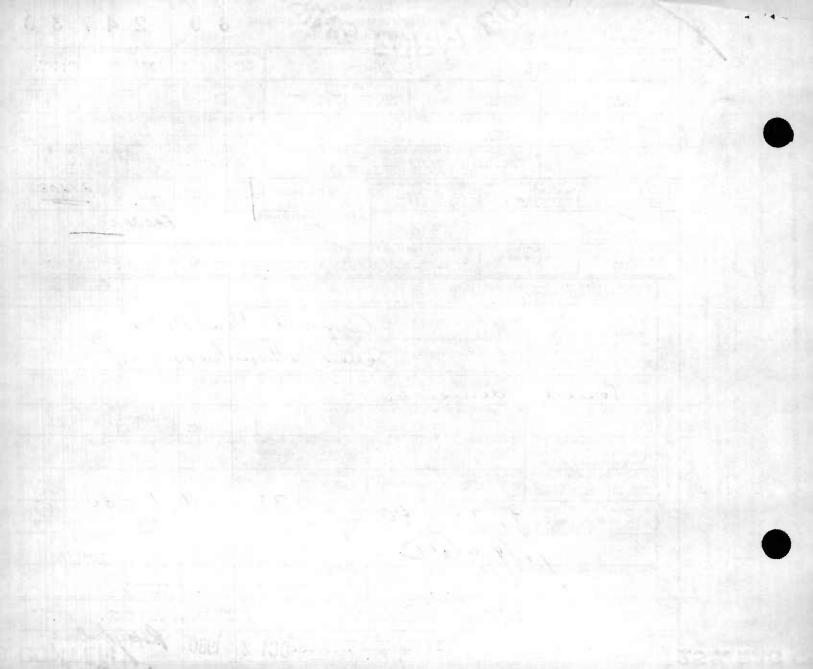
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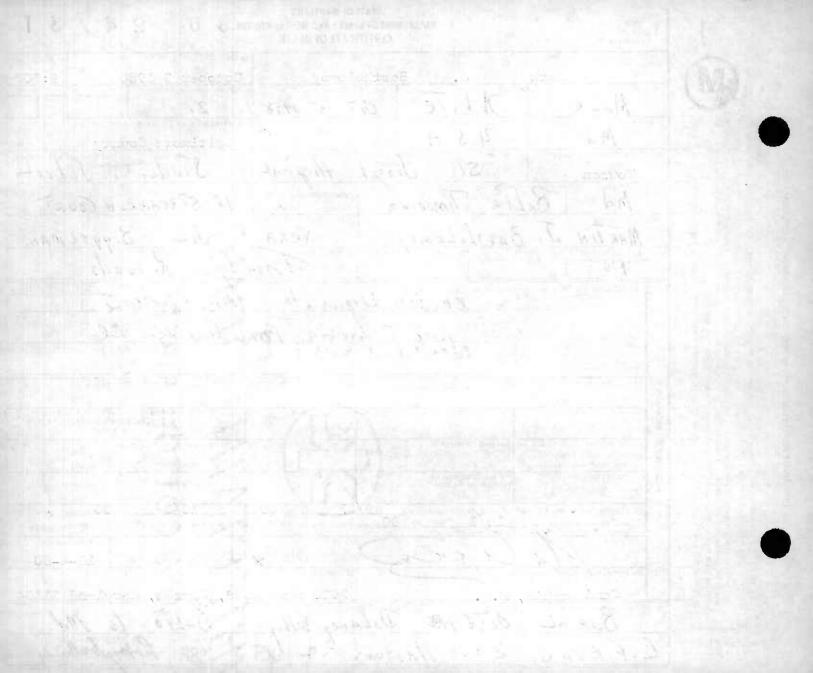
COUNTY

22c. DATE SIGNED

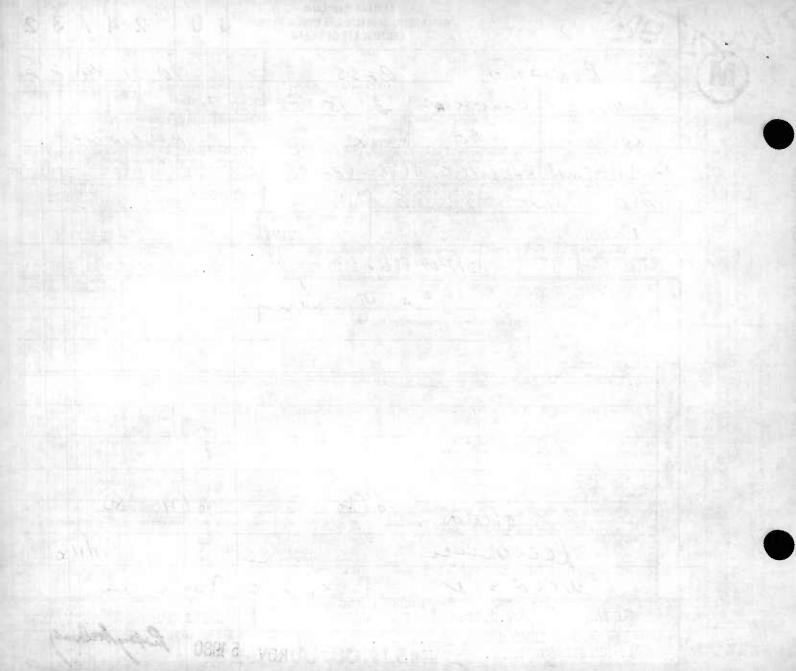
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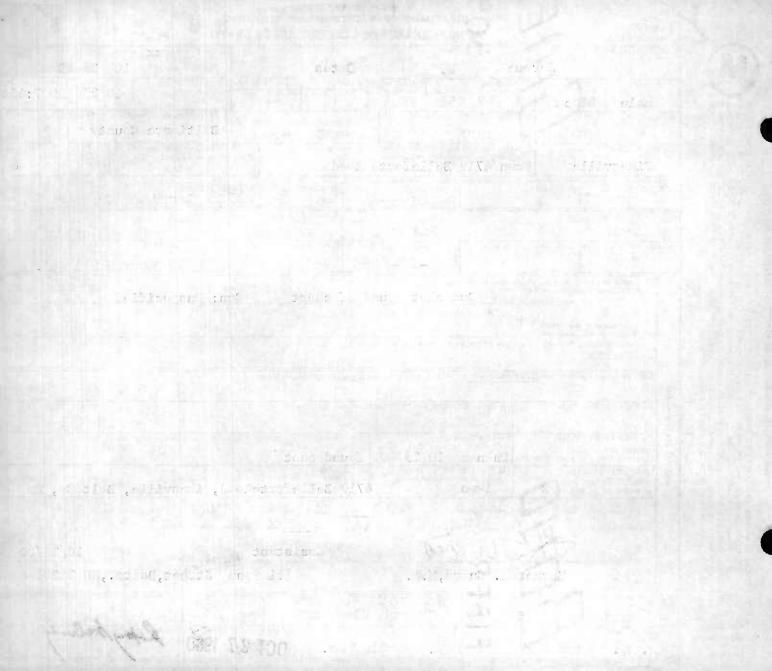


		FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 7 3 1
	'	STATE REGISTRAR	CERTIFICATE OF DEATH  REG. NO.
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
AAI \		Mark	J. Bartholomey October 3 1980 9:30Pm
ン	3. SE	MALE	4 RACE  While  S. DATE OF BIRTH  MONTH  DAY  YEAR  19 YEAR  19 YEAR  19 YEAR  21 YRS.  19 YRS.
35	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
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ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  YES NO YES NO
lem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH DAY YEAR
marked ar Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
n 21 is ma		sow the deceased alive on	61 vice to body after death.
JT: If Iten		22b. SIGNATURE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 120-4-80
with the Sta		22d. PHYSICIAN'S NAME (TYPE O	
₹.	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) DURIAL	
1/76	24. FI	NERAL DIRECTOR	S S O ADDRESS A LOUD RELIGIOUS DE 1000



1 1	1	FOR - STATE	DEP	ARTMENT OF	E OF MARYLAND LEALTH AND MENTAL HY	GIENE 8 0	2	4 7	3 2
6		REGISTRAR  CEASED NAME FIRST OR PRINTI	WIDDLE		AST DEATH	REG. N	NO.	Y YEAR 21	b. HOUR
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Page 4 may irect	3 SE		CAUCASIA	S DATE (		6 AGE (IN YEARS LAST BE 79 XXXX			FUNDER 24 HRS
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MARYLA uted with mpletely nd 2 shou	14 F	ATHER'S NAME FIRST JACOB	ADDLE BASS	,	15. MOTHER'S MAIDEN NO. FIRST SYLV	AME		UNKNO	
BALTIMORE, ificate be executional and conpers. Pages 1 a oval.	160 \	NAS DECEASED EVER IN U.S. ARA yes, no or unknown) (# yes, give NO		SECURITY NO.	17 INFORMANT M 3819 CHERRY	RS. FRANCES BROOK RD.,			
DS, 201 W. PRESTON ST. requires that the death cen in signed by the attending pen please remove carbon pto burial, cremation, or requiry, or other traumati	NO	Conditions, if ony, which gave rise to immediate cause lat, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	EOUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	NDITION GIVE!	V IN PART 1(0)	
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or or see a Head		220 1 certify that (I) (this haspite saw the deceased alive an abave, (I) (we) (did) (did not	10/15/00		nd that in (my) (our) opinion	deoth occurred on the	dote and hour c		at (I) (we) last suses stated
by the hospital by the hospital ERALDIRECT e detached for a State Dept. of		226. SIGNATURE	elpun		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SK	SNED
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23/BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	NOV.2,1980	BNAI	EMETERY OR CREMATORY JACOB	23d LOCATION PROPERTY BALTIN	MORE	MAR.	YLXND
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR SOL L.		Ş., INC. LTO., MI		TE REC'D. BY REGISTRAN	The proof	y press	7





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(84)		FOR STATE REGISTRAR	DE		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	24/34
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de go	3	SEX	14 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
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OR THE STATE OF TH	1	(YES, NO OR UNKNOWN)   IF YES, G	IVE WAR OR DATES)	AL SECURITY NO.	17 INFORMANT	ADDRESS	
TIM Se to		No	199-	40-6932	Sister Joan	Marie 1100 May	ple Avenue
BAL fice perit		18 CAUSE OF DEATH (Enter	anly one cause per line for (a),	(b) and (c).	+ 1 1	100.	BETWEEN ONSET AND DEATH
The party certs		PART I. DEATH WAS CAU	ATE CAUSE (a) GOLS	Colon	lettered	Necen	1 4 lors
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at the state of th		gave rise to immediate cause (a), stating the	DUE TO, OR AS A COR	and	viraclia	ten	
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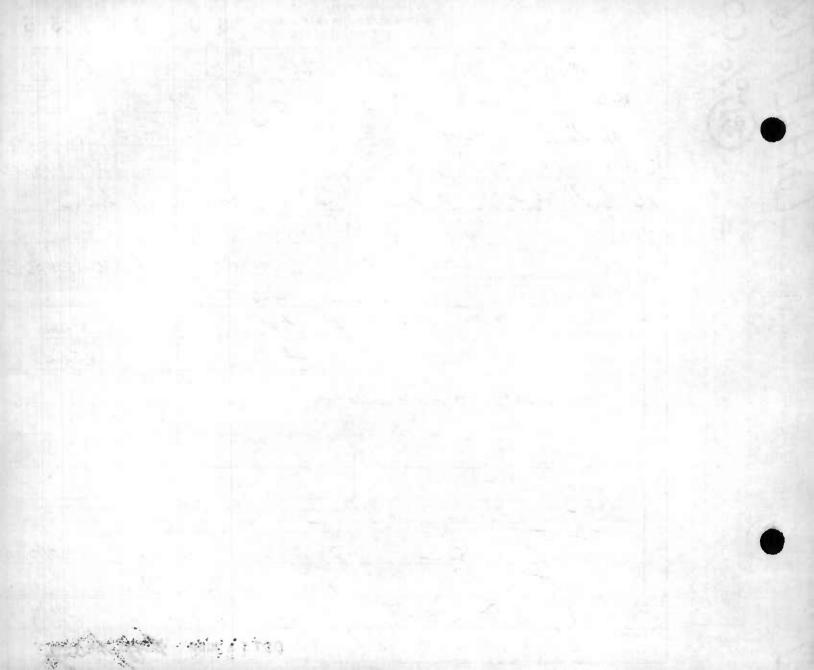
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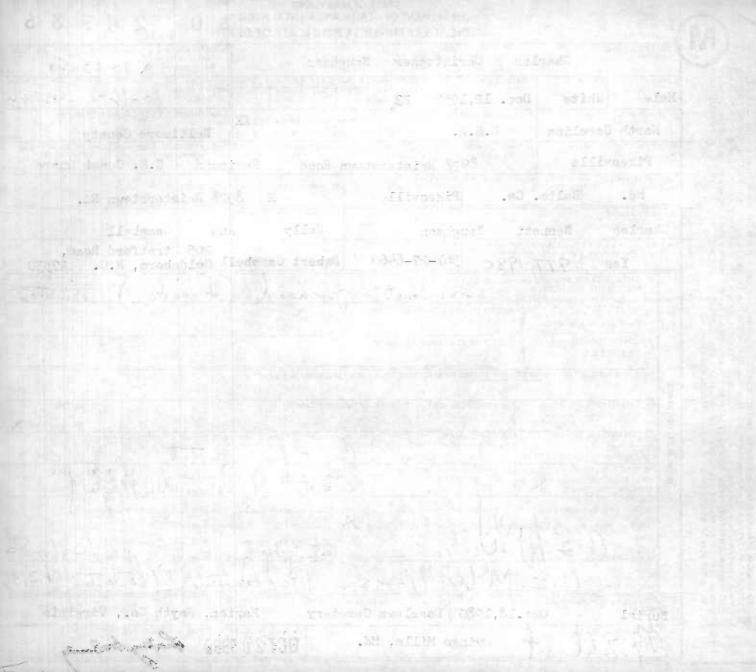
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STATE OF MARYLAND

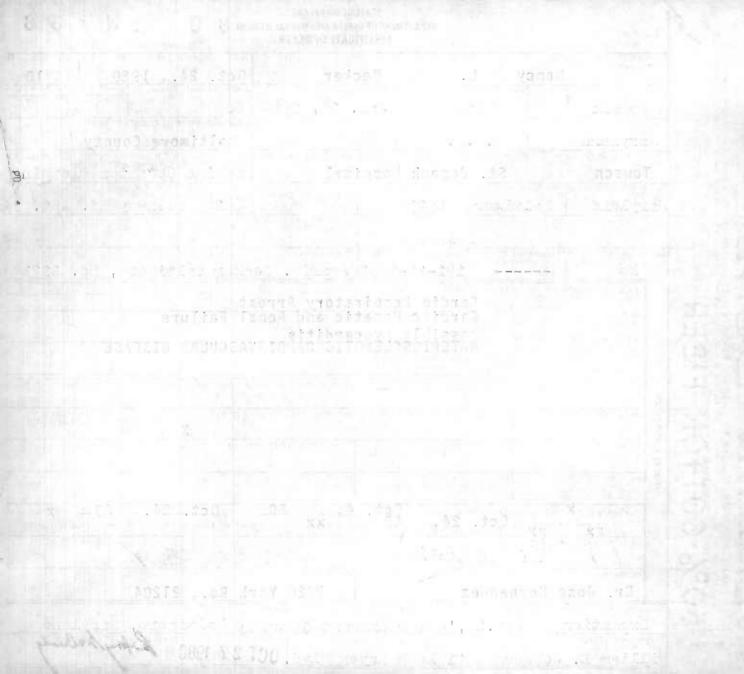
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN HIMOM 2b. HOUR (TYPE OR PRINT) Charles Christopher ESTI-Baughman DEATH MATED 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH DATE 24. HOUR LAST BIRTHDAY PRONOUNCED Male White Dec. 12,1957 22 YRS DEAD 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. Baltimore County FILED, W WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Pikesville 8928 Reisterstown Read Radieman U.S. Coast Guard USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Balto. Pikesville 13d. INSIDE CITY EIMITS? 13e. STREET ADDRESS 8928 Reisterstewn Rd. NO M OF WITH 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Charles Sally Bennett Ann Campbell Baughman 205 Stratford Road, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT DIVISION (YES, NO. OR UNKNOWN) 561-27-6460 Robert Campbell Goldsbore, N.C. Yes 18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL AL EXAMINER ALONG VIBURIAL-TRANSIT PERMIT. PART I DEATH WAS CAUSED BY HYGIENE, Wentile. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] NO X 3 SHOULD BE BE. 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21201 PRIOR THE PLACE OF INJURY - (AT HOME STREET, FACTORY, FARM, ETC. 1 STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BALTMORE, MARYLAND, 21: 220. I certify that I taak charge of the sum time rescribed above, held an Autapsy Inspection Inquiry and in my and death resulted fram: Hamicide Undetermined manner Accident ACTUAL PATE SIGNATURE EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Virginia Marion, Smyth Co., Oct.18,1980 Roselawn Cemetery Burial 24. FUNERAL DIRECTOR. 25a. DATE REC'D. BY REGISTRAR SIGNATURE **DHMH-17** Wings Mills, Md. (VR A15 ME (5)) 15M 7/77

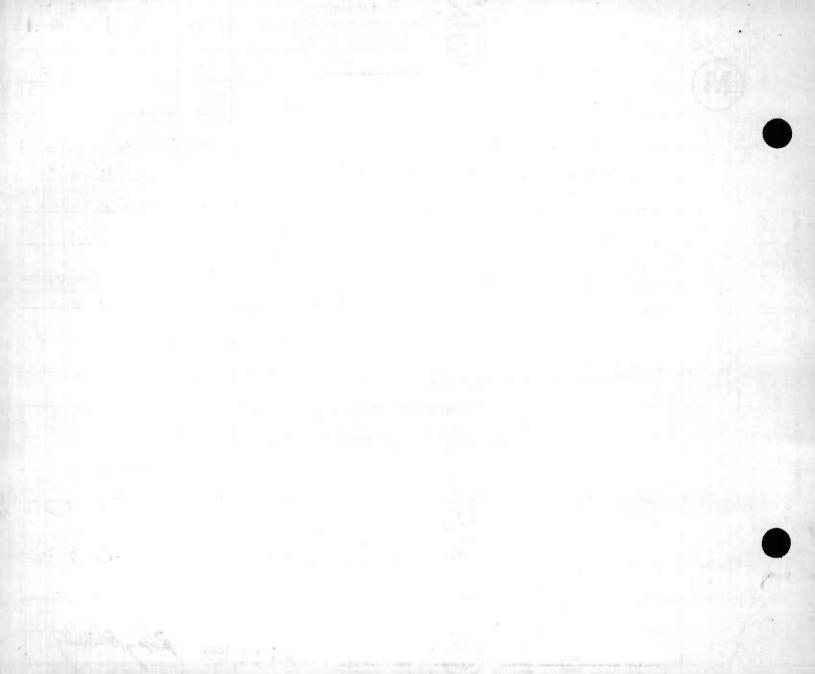


de	1-	FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	REG. NO.	24/	3 8
		CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR P
deoth deoth	(ITFE	Nan	cy L.	Be	cker	Oct. 24	1980	3"10 M
, poge ter deat	3. SE	X	4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY	) IF UNDER I YEAR	IF UNDER 24 HRS
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hour dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MAPPIE	D X NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
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d within		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATION	RKING HEEL INDUSTRY	OF BUSINESS OR
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d co	160 V	VAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDRESS		
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ol.		18 CAUSE OF DEATH (Enter of	inly ane couse per line for (a), (b),	and (c).)			APPROX BETWEEN	ONSET AND DEATH
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Mental Hygi or frem 18 sh	E E	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)	
en loi-	¥.	OR CONTRIBUTING CAUSE OF DE	AIR	DAY TEAR				
A We	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CARM CYC.	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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R: Af		220.1 certify that (X (this hosp	oital) attended the deceased from	Oct.	4 1980			that XII (we) last
of H	13	saw the deceosed alive a obove XIX a) (dX )	ot) view the bady ofter death.	80_, a	nd that in XnX (our) opinion	deoth accurred on the date of	and hour and fram the	causes stated
DIREC oched Dept. f Item		22b. SIGNATURE	201	)	DEGREE		22c. DATE	SIGNED
AL D detoc ore D Tr. H		CH THE	Ellow C		ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	B .	
FUNERAL uld be det or the State ORTANT:	1	22d. PHYSICIAN'S NAME (TYPE			22e. ADDRESS			
		Dr. Jose He	ernandez	275.75	7620 Yo	rk Rd., 212	04	
ods M	23a. B	SURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
51174		Cremation	Oct. 25, '80 G	reenm	ount Cemete	ry Baltimor	e, Maryl	
5 50M 1/76	24. Ft	JNERAL DIRECTOR	ADDRESS		250. DAT	E REC'D. BY REGISTRAR 25	Ballow Mel	hindy
15 (4) )	Wi.	lliam E. Joh	nson 8521 Loc	h Rav	en Blvd, OC	T 27 1980	/	



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	th. Poge	rol direct	
	ofter den	the fune	
ID 2120	4 hours	lled in by	
MARYLAND 21201	ed within 24 hours ofter death. Page 4 ima	ompletely filled in by the funeral director, ond 2 shauld be filed within 72 hours of	0
2	é	EO	-

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8

										G. NO.			
		CEASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF DEA	TH MONT	TH DAY	YEAR	26 HOUR
		Be	rtha		therine	BEND	)A_		October	18,	1980		8:40р м
	3. SE	X		4 RACE		5. DATE C		VEAD	6. AGE (IN YEARS	AST BIRTHDAY		UNDER I YEAR	
		Female		Whi	te	03		13	67		YRS.	DATS	HOURS MIN.
		IRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	ALABBIED [	9 BALTIMORE	ITY OR CO	OUNTY O	FDEATH	
35		Maryland		USA		WIDOWE		NORCED I	Baltimo	re Co	unty		MD.
	10. CI	ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INS	TITUTION	120. USUAL OCC	UPATION			OF BUSINESS OR
1		Rossville	_	Frank!	HEACILITY, GIVE STREET A	re H	ospit	a1	Houses		KING LIFE)	Home	emaking
	USU/	AL RESIDENCE (IF NURS	13b. COUN		GIVE RESIDENCE BEFORE		13d INSIDE O	TITY LIANITE O	Lia. STREET ADDI	DESC			
35		aryland		timore	Fuller		YES [	NO 🔀	4303 F	lidge	Roa	ad	21236
	14. FA	ATHER'S NAME	1000	MIDDLE	LAST		15. MOTHER	S MAIDEN NA					
36		August		MIDDLE	Deige	nt	TO	mma.	MIL	DLE		Trem	
à	16s. V	VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA		4	DDRESS	_	11611	iber
1		YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	220-30-	5558	John	T. Be	enda 4	303	Ride	ge Ro	hed
							O OIIII	0 De	ilda 4		ATT CE		
		18. CAUSE OF DEATH PART I. DEATH W	AC CALICE	IN PV								BETWEEN	ONSET AND DEATH
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		gove rise to imm	nediote	(6)	COLLEGE	C HCo	LL Lai	TITE, C	il ulac Ca	CHEAL	a		
		underlying cause		DUE TO, OF	R AS A CONSEQUE	NCE OF							
				(c)									
	7	PART 2 OTHER SIGN	HEICANT	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR	CONDITIO	N GIVEN	IN PART 1	(a)
	ō												
	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY			VERE FINDI	
2	Ě								YES NO	-	YES [		OF DEATH?
-	ERI	210. ACCIDENT WAS UND	ERLYING T	7 215 TIME O	FINJURY		121c HOW IN	LIURY OCCUR	RED (ENTER NATURE (	A	-		,,,,
4		OR CONTRIBUTING		ATH HOUR A.	M. MONTH DA	Y YEAR		John Occom	VED VEHIER HATOREY	), h4)(k)   l4   l	Em 10 PARI	(ORPANIZ)	
	MEDICAL	(IF EITHER, NOTIFY MEDIC	ALEXAMINER			19							
	ED	21d INJURY OCCURR	RED	21e PLACE	OF INJURY BET, FACTORY, OFFICE, FA	D. 576	21f. LOCATION		CIT	ORTOWN		COUNTY	STATE
	2	WHILE NOT WH	ILE 🗌	(ATTIONE STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	1						
		220.1 certify that (X		tal) attended the	deceased from S	enten	per 23	19 80	to Octo	ber 1	8 19	80	that (X (we) lost
		sow the decease	d alive an	October	18 19 8	~			deoth occurred on				
		obove, (*(we) (d	ia) (dom	() view the body	after death.	ī	DEGREE					22c DATE	SIGNED
		1/	ZK	ue-		n	10	ATTENDING PHYSICIAN T	MEDICAL DIRECTOR P	STAFF	-	10.	(P-80)
		22d. PHYSICIAN'S NA	ME (TYPE C	OR PR HIT			22e ADDRES		_ DIRECTOR _ P	III SICAMO		1/	000
		1/1/	1110	202			0000	-					
1	-	00 -3	011	7.7					in Square	Driv	e 2	1237	
	173a P	STIDIAL CREMATION	DEMANUAL	1 224 DATE	1 22, N	AAAE OF C	EAAETEDY OD	CDEALATODY	1 224 LOCATION				

Joseph's

Cem.

DHMH-16 30M 2/80 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN. The

MPORTANT: If Item 21 is marked at Item 18 shows ony injury, or ather traumatic event, the TO FUNERAL DIRECTOR. After this certificate hos been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or remayal.

(SPECIFY)

Burial

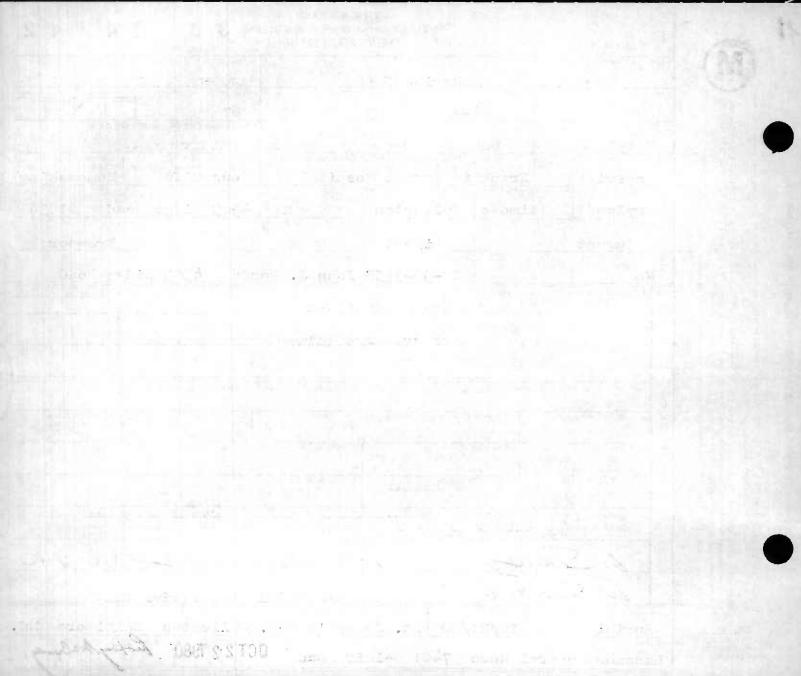
24 FUNERAL DIRECTOR 7401 Belair Road Lassahn Funeral Home

250. DATE REC'D

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Baltimore

Md.



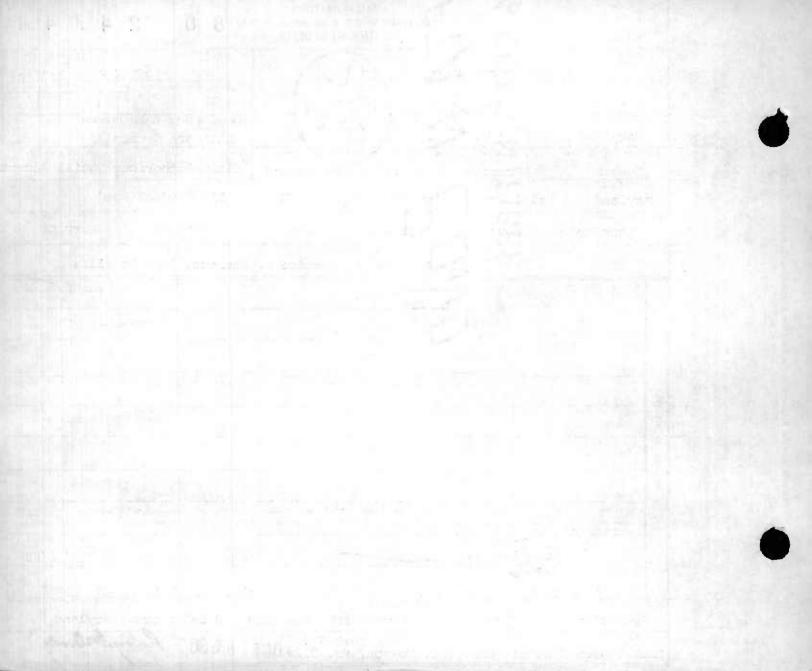
DHMH-16 30M 2/80 (VRA 15, 4)

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1	~ STATE REGISTRAR				ICATE OF DEATH	0 0	2 4	1 4 3
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-{TY	PE OR PRINT)	Baby	Boy	BE	NNETT	October 5	1080	8.55AM
3. S	EX	4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		1 YEAR IF UNDER 24 HRS
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1	Baltimore, 1		N OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C		
10. d	CITY OR TOWN OF DEA Baltimore	TH 11. NAM	TIN SUCH FACILITY, GIVE S	re Hospi	PROTHER INSTITUTION	12a. USUAL OCCUPAT		MD.  KIND OF BUSINESS OR  JSTRY
US 130	ual residence Motal State Maryland	OTHER INST NA COUNTY Baltimore	136 CITY OR	BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 7303 C Du	ınlawn Cou	rt
14.1	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N.	AME		
1	PIRSI	MIDDLE	LASI		Yvonne	Carlo	Helm	ick
	WAS DECEASED EVER I	N U.S. ARMED FOR (IF YES, GIVE WAR OR D.		SECURITY NO.	17 INFORMANT	ADDR	SS	
CERTIFICATION	gove rise to imm couse (o), stating underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERAT	IFICANT CONDITION		TO DEATH BUT	Apolation NOT RELATED TO THE PER	20g AUTOPSY?	DITION GIVEN IN PA	
	21a. ACCIDENT WAS UND	DIVING D 214 1	IME OF INJURY		Val. HOW IN HIRV OCCUR	YES NO	YES 🗌	NO 🗌
		AUSE OF DEATH HO	UR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	KKED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 ORPA	ART 2)
MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ED 21e. F	CLACE OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
	22a. I certify that X0 saw the decease above, (X (we) (d 22b. SIGNATURE	this hospital) attended alive an Octoriod (double) view the	ded the deceased frober 5. body after death		oer 5, 1980 d that in (my (our) opinion DEGREE  ATTENDING PHYSICIAN	to Octobe  deoth occurred on the d  MEDICAL STA	22c.	, that (IX(we) last om the causes stated DATE SIGNED
1	22d PHYSICIAN'S NA		1		22e. ADDRESS			
	Barbara 1	Parey, M.	D.		9000 Frankl	in Square Dr	rive 2123	7
	BURIAL, CREMATION, F	236. DA			emetery or crematory  Sq. Hospits	23d. LOCATION CITY OF TOWN	COUNTY	Balto. STATE M
24	Disposal FUNERAL DIRECTOR NAME	+0/1	ADDR				256 REGISTRAR'S SI	

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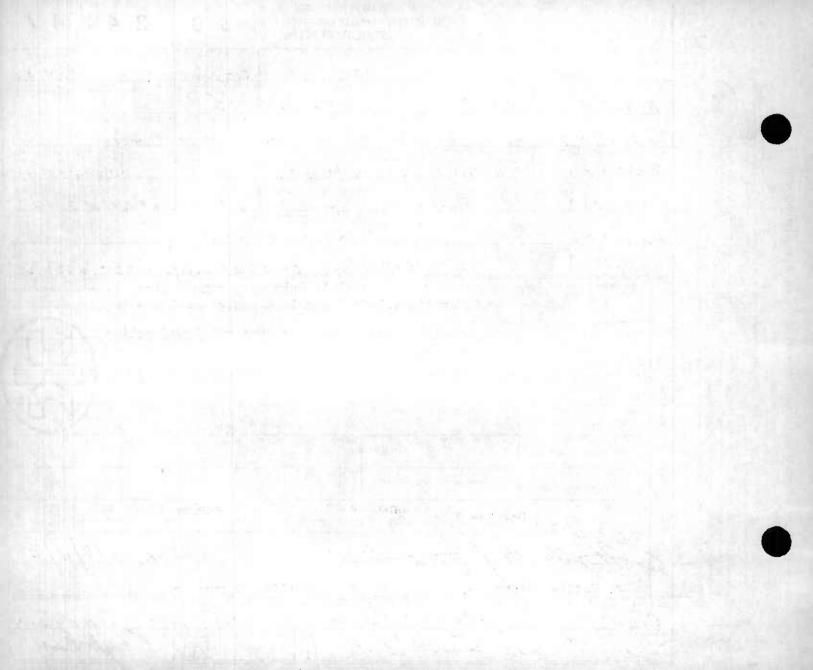
DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

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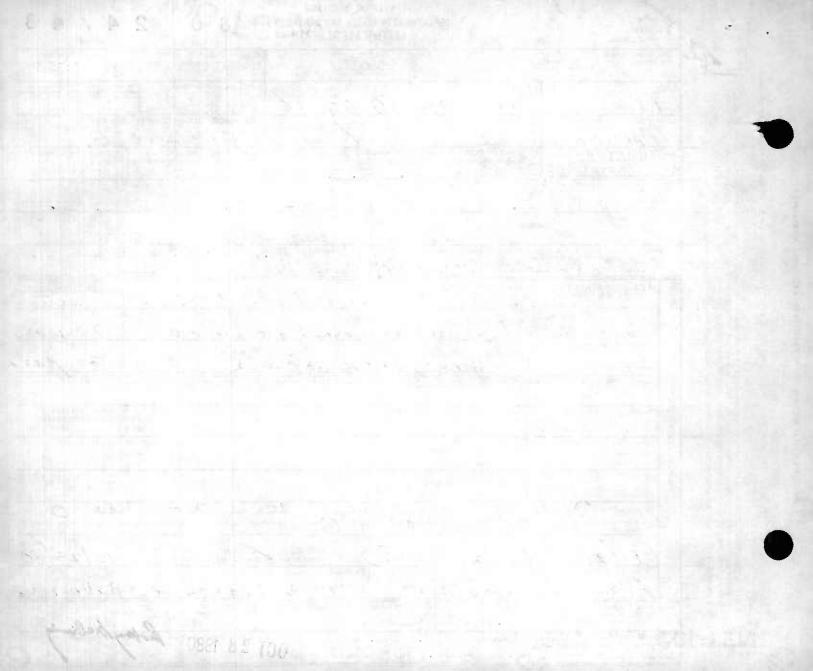


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	1.	FOR STATE REGISTRAR	DEPART	AENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 2	4748
page 3		CEASED NAME FIRST NORMAN	WIDDLE	BLOCK		1980 L:15 P
ector, pag after de ce	3 SE	Male	Caucasian	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 61 XXXX YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN
n 72 min	1	RTHPLACE (STATE OR FOREIGN PULLY OF )	76 CITIZEN OF WHAT COUNTRY?  USA	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Baltimore CITY OR COUNTY Baltimore	
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filled in suld be fi	-13a :	MARYLAND BA		LSTOWN YES XX NO I	9707 BRANCHLEI	GH RD, #21133
completely and 2 shows the shown medical exa		HARRY	BLOCK	15 MOTHER'S MAIDEN NA FIRST SARAH	WIDDLE	SWEETGALL
Pages 1.	16a. V		MED FORCES? 166 SOCIAL SECU EWAR OR DATES) 2/3-10-1	OWINGS MILL	. MARC BEOCKS 3 I S, M D 21:	DEER LODGE CT.  133  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
signed by the attending pen please remove carbon please remove carbon poblishing, or conflicting try, or other traumat	z	Canditions, if any, which gave rise to immediale cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b) School  Due TO, OR AS A CONSEQUE  (c) Hyper  CONDITIONS CONTRIBUTING TO	nce, of	at Drecaso	20 year 30 year
tate has been to permit. The region of prior of the shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
is certifical interest fental Hygor Item 19		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
After this the buring the and Manarked or marked or mark	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	214 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 231 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ECTOR: for use a of Heal em 21 is		saw the deceased alive on	tal) attended the deceased fram	ond that in (my) (our) apinian	death accurred on the date and have	19, that (i) (we) lo or and from the causes slated
TO FUNERAL DIR should be detached with the State Dept IMPORTANT: If Its		228 SIGNATURE  228 PHYSICIAN'S NAME (TYPE O	R PRINT)	DEGREE  ATTENDING PHYSICIAN E  121 ADDRESS		10/23/f
	(	BURIAL  BURIAL  BURIAL	OCT.24,1980 O	NAME OF CEMETERY OR CREMATORY HEB SHALOM	Charles St.  130 LOCATION CITY OR TOWN REISTERSTOWN	COUNTY STATE BALTO ME
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR SOL 10 REISTERSTOWN	LEVINSON & BRÓS. N RD. BALTÖ.,		T 2 8 R 1980 R 256.	MATURE



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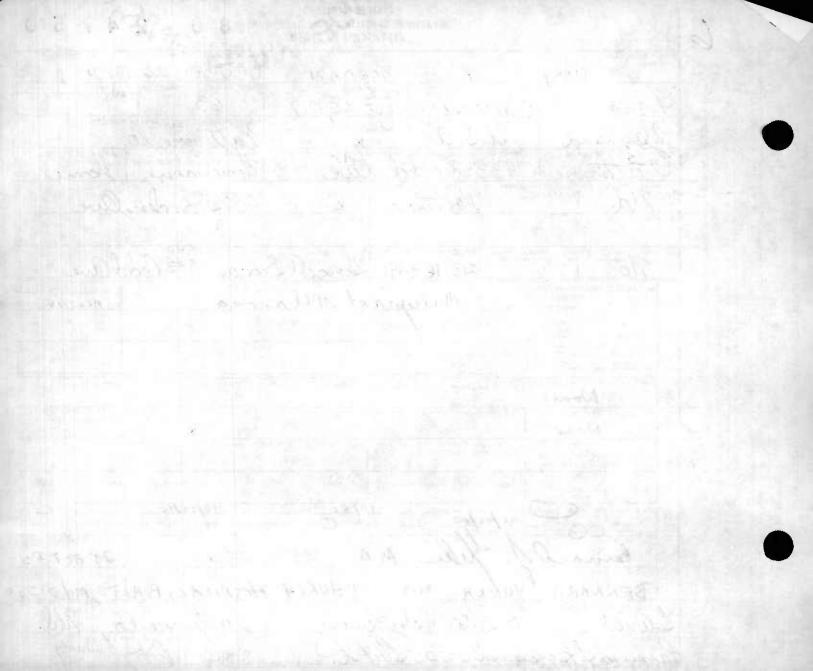
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THE COUNTY OF SHIP WAS ASSESSED.

6	1	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	24750
	I. DI	CEASED NAME FIRST	MIDDLE	LAST	1 ADATE OF DEATH	MICHITH DAY YEAR 25. HOUR
a th	1	MARY	A .	BOGDAN	October	26.1980
may be page 3	3,5	x/ /	1 RAGE	S DATE OF BIRTH	S AGE (IN YEARS LAST BIR	IF UNDER LYEAR IF UNDER 24 HR
Page 4 may irector, pag uryanter dec	9	Temale	PAULANIAM	25 1917	63	MONTHS DAYS HOURS MIN
dire dire	70.8	HITHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY	OR COUNTY OF DEATH
Jean 72 h		Maryland.	1 U.S.a.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED   DNORCED	Ba Hime	20.10
after d within	10.5	MY OR SOWN OF DEATH	11. NAME OF HOSPITAL HURSI	NG HOME OR OTHER INSTITUTION	13 AUSUAL OCCUPAT	126 KIND OF BUSINESS C
by the	15	Dellimore.	1933 COC	la live	Homema	Read Homes
5 EE E	USU 13o	JAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE BESIDENCE BEFO		In course of force	0
filled uld be	130	Ma.	JULY OF TON	YES NO	13 STREET ADORESS	De place. Os se.
with shou	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA		ecking.
Solical Sand 2		FIRST	MIDDLE	FWST	MIDDLE	LAST
1 all	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDR	ESS O O O
e be example and Pages	4	TES OF UNKNOWN IF YES, GN	2/3 · 16 .:	3491 Stan (1)	man 193	3 ( and ()
rficate tysician pers. Personal.		IS CAUSE OF DEATH (Enter o	anly one cause per line for (a), (b), p	nd ict i	()	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
phys pape emov		PART I. DEATH WAS CAUS	SED BY:	connect mela	as some so	MONTHS
th c ding bon or n		1729 IMMEDIA	ATE CAUSE (U)			
ttenc trenc ion,		Canditians, if any, which	DUE TO, OR AS A CONSEOL	ENCE OF		
it the attmove emation other		gove rise to immediate couse (a), stating the		15165 05		
by the series of	1	underlying cause lost	DUE TO, OR AS A CONSEQU	JENCE OF		
equires signed n pleas burial	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(o)
aw ree	S S	None				
s b	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	70s AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
2 0 0 0	1	None			YES NO NO	YES NO
ENDING PHYSICIAN: Tr rr attending physician. DR: After this certificate ha e as the burial-transit perr ealth and Mental Hygiene is marked or frem 18 sho	7 8	210. ACCIDENT WAS UNDERLYING		DAY YEAR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18, PART 1 OR PART 2]
ySIG ohysi ohysi cert si-tra intal	₹	OR CONTRIBUTING CAUSE OF DE	CALLED .	DAY TEAK		
DING PHYSICI, trending physici After this certifi is the burial trans th and Mental H marked or Item	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	COUNTY STATE
DING F tendin After t the bu h and narked	\$	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.	CIT ON TO	WIT COUNTY STATE
or at or at Se as Healt		220.1 certify that (1) this hosp	pital attended, the deceased fram.	10/80 ,19	10 10/26	/30 , 19 , that (1) (we) k
N 4 5 1		sow the deceased alive are	not) view the body off of death.	ond that in (my) (our) opinion	death occurred on the o	date and hour and from the causes stated
H P D T ST	1	276. SIGNATURE	01111	DEGREE		22c. DATE SIGNED
ITAL y the ly RAL E detach detach (rate D		Bernand	1. Kille	MA ATTENDING	MEDICAL STA	CIAN D 28 OCTB.
SPITAL Iby the VERAL Se detace State	1	274. PHYSICIAN'S NAME (TYPE	OR PRINTI	22e ADDRESS		
TO HOSPITAL Cretained by the high of the horizontal properties of the properties of		BERNARD	YUKNA M	o CHURCH	HOSPITAI	BALTO MODIO
or show with	730	SURIAL, CREMATION, REMOVAL	101/1011	NAME OF CEMETERY OR CREMATORY	23d. JOCATION	7 2 4 4 4
BP	17	SPECIFY!	10.29.80	ali Donne	British	ing la HIN
01	24,8	UNERAL DIRECTOR	,	250. DA	TE REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
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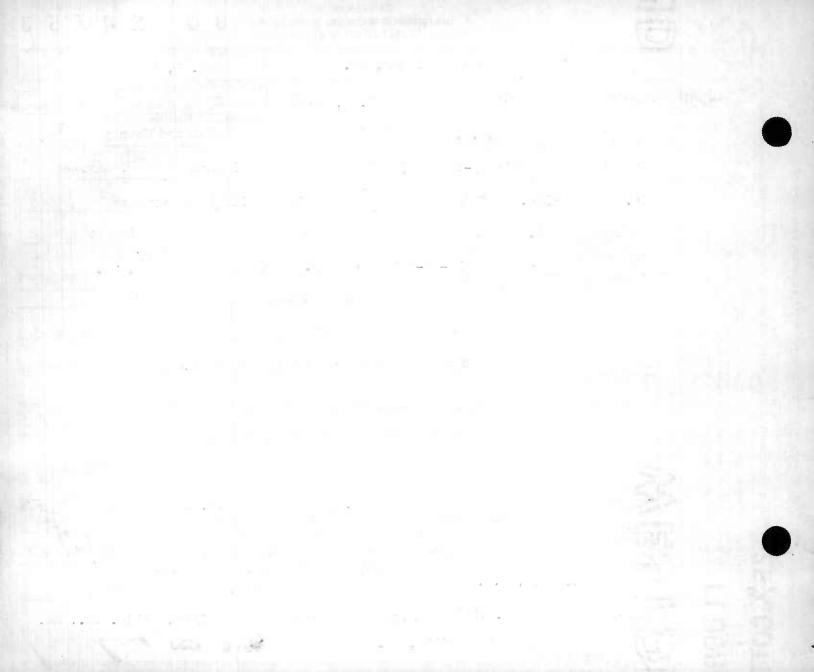
10		1	FOR		STATE OF MARYLAND		A 7 E 1
W		1	STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	4/51
		1 DE	CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26. HOUR
	ath 3e 3	(117	J05	EPH	BONICA	SEPT. 10	1980
	may b page en deat	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	age 4		M	W	4-/18 DAY 0 6 YEAR	/4 YRS.	NONTHS DAYS HOURS MIN
	ath.		IRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTE	MARRIED LI NEVER MARRIED L		
	fune fune ortifue	10.0	ITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED		COUNTY MD.
5	by the ed with	100	ESSEX	(IF NOT IN SUCH FACILITY, GIVE STI	ISING HOME OR OTHER INSTITUTION REET ADDRESS)  A CE A VE	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY  STEEL
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ON O	filled uld be	130.	m D E	ALTO ESS	YES NO P	201 MAC	E AVE
RYL.	with sho	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		LAST
MA	comple 1 and 2		ROSARIO	BONIS	CA ISRACI	E GRAZII	9
ORE,	and co		WAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS	746
TIM	an a		UNK	2130	79792 DOLORE	S CONROL	CHARING CROX
BAL	ysici pers loval even		18 CAUSE OF DEATH (Enter of	nly one cause per line for (o), (b), ED BY:	and ich		BETWEEN ONSET AND DEATH
ST.,	cert on pa r rem			TE CAUSE (a) CARD	IAC ARREST		
PRESTON	death tendin carbo on, or traum		14254	DUE TO, OR AS A CONSEC	QUENCE OF		
ES	the att move ematic		Conditions, if only, which gove rise to immediate	( b) SEVER	E PROGRESSIVE CL	DNGESTIVE HEART	FAILURE
≥	that the re-		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSECULATION OF THE L	QUENCE OF	RDIOMYOPATHY	
201	equires signed to population bearing injury,		PART 2 OTHER SIGNIFICANT	(6)	O DEATH BUT NOT RELATED TO THE TER		EN IN PART 1(a)
RDS,	on signature of the normal of	N N	Diffuse	Histopatic	1 mahoma E =	20 hypercalcen	
RECORDS,	has be rimit. In prior	1	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20h. IF YES	, WERE FINDINGS USED
A R	A: T:	CERTIFICATION		100 100			YING CAUSES OF DEATH?
DIVISION OF VITAL	NG PHYSICIAN: The nding physician. Iter this certificate has the burial-transit permand Mental Hygiene and Mental Hygiene arked octem 18 sho	1 8	210. ACCIDENT WAS UNDERLYING	ATH HOUR A.M. MONTH	DAY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART I OR PART 2)
0	HYSICI physici is certifi ial-trans lental H	3	OR CONTRIBUTING CAUSE OF DE		19		
SO SO	ding ding ser th nd M ked	MEDICAL	21d (NJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE. FARM. ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N N		1	WHILE ON NOT WHILE O				
	E O O SE E		22a I certify that (I) (this hosp	ital) attended the deceased from	March 19 80	, 10	19_80, that (1) (we) lost
	pital pital pital for t		obove, (I) (we) (did) (did no	view the bady after death.	ond that in (my) (our) opinior	n death occurred on the date and hour	
15	AL OR AT the hospital AL DIRECT trached for te Dept. of T.: If Item 2		226. SIGNATURE	101	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
	y the RAL detact detact trate [NT.	1	- xan-	Manuse	PHYSICIAN	DIRECTOR PHYSICIAN	Oct 5,1980
	ONER UNER The Sta		THE PHYSICIAN'S NAME (THE		22e ADDRESS	adula Roll	1.MD
	TO HOSPITAL retained by the TO FUNERAL should be detact with the State I IMPORTANT:			inisi	1601 W-6		
1/61	)/1	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY HOLY REDEEME!	CITY OR TOWN	COUNTY
100	ВР	74 E	UNERAL DIRECTOR	4/16/80 1			RAR'S SIGNATURE
	DHMH-16 25M (VRA 15, 4) 1/79	-	S CONNEL	ADDRESS	100	T 1 / 1000	AND THE THE
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FOR



1	FOR STATE REGISTRAR			DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE	8 0 REG.	NO.
1	I DECEASED NAME	FIRST	MIDDLE	LAST	2a. DAT	E OF DEATH	HINOM
	(TIPE OR PRINT)	Charles	0	Dorsons		1	00

							KEG. I	40.		
	I DECEASED N	NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH	MON1H I	DAY YEAR	2b. HOUR
		Charles	3 (	Bo	owers		October	23, 1	980	м
	3. SEX		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
		ale	White		Feb	.16,1913 YEAR	67	YRS	MONTHS DAYS	HOURS MIN.
1	To BIRTHPLACE	E (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIG	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	
-	Md.		T	ISA	WIDOW		Baltimore	Count	v	MD.
	10. CITY OR TO	WN OF DEATH			IG HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
2	Rose		7400	Meadow $B$	anch		Pipe Cov	OF WORKING LIF	FE) INDUSTRY	
>	USUAL RESIDE 130. STATE Md.	NCE (# NURSING HOME 136 CO Ba.		13c. CITY OR TOW  Baltimo	N	13d. INSIDE CITY LIMITS? YES NOX	13e. STREET ADDRESS 7400 Meado		nch Ct.	
	14. FATHER'S N		MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
7	Wi	lliam	WIDDLE	Bowers		Cora	MIDDLE	Cole	eman	ΣT.
Ĭ	160 WAS DECE	ASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI			
	(YES, NO OR L	NKNOWN) (IF YES, (	GIVE WAR OR DATES)	218-10-59	959	Mrs. Marion	Rowers same			
						MED: MALLON	DOWELS Same	;	Appear	INVAL INTERIOR
	18. CAUS	SE OF DEATH (Enter	only one couse pe SED BY:						BETWEEN	MATE INTERVAL ONSET AND DEATH
	10	mmed!	IATE CAUSE (o)	MESOTA	ELIO	ma			31	12 Months
		11	DUE TO, C	R AS A CONSEQUE	NCE OF				30	
		ons, if any, which	(b)_	ASBE	STO	S EXPOSUI	26		50	years.
	couse	rise to immediate (0), stating the	DUE TO, C	R AS A CONSEQUE	NCE OF					
	underly	ing couse lost.	(c)_					12.55		
		OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION GIV	EN IN PART 1(c	01
	190. DATE	ARTER	10SCLE	rotic h	HEAR	T DIST AS	5			
	V 190. DATE	OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
	IFI.						YES TI NOT		YING CAUSES	OF DEATH?
	21a. ACCI	DENT WAS UNDERLYING	21b. TIME C	OF INJURY	H	21c. HOW INJURY OCCUR				
		RIBUTING CAUSE OF E	DEATH	M. MONTH DA		The second second				
		R. NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	211. LOCATION		-	-	_
	¥ WHILE	NOT WHILE		REET, FACTORY, OFFICE, F.	ARM, ETC )	STREET	CITY OR T	OWN	COUNTY	STATE
	AT WORK	AT WORK				100	0.7		-	4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1
9		tify that (1) (this has				The state of the s		BER	19 80	that (I) (we) last
	opo	the deceased alive (ve, (I) (we) (did	not) view the body	ofter death.	0,0	nd that in (my) (aux) opinion	death accurred on the	date and hou	r and from the	couses stated
	22b. SIG	VATURE	0	4 4.	97	DEGREE			22c. DATE	
	G.	utlesny 6	. Sewa	dawlu	7	n.O. ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN 🔲	10-	24-80
	22d. PHY:	SICIAN'S NAME (TYP	E OR PRINT)			22e ADDRESS				
	An	thony A, I	Lewandows	ki. M.D.		300 E. Joppa	a Rd.			
		, , –		4						

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed be should be detached for use as the burial-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

MPORTANT: If Item 21 is marked or Ite

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BUTIAL
24. FUNERAL DIRECTOR Leonard J. Ruck, Inc.

23b. DATE

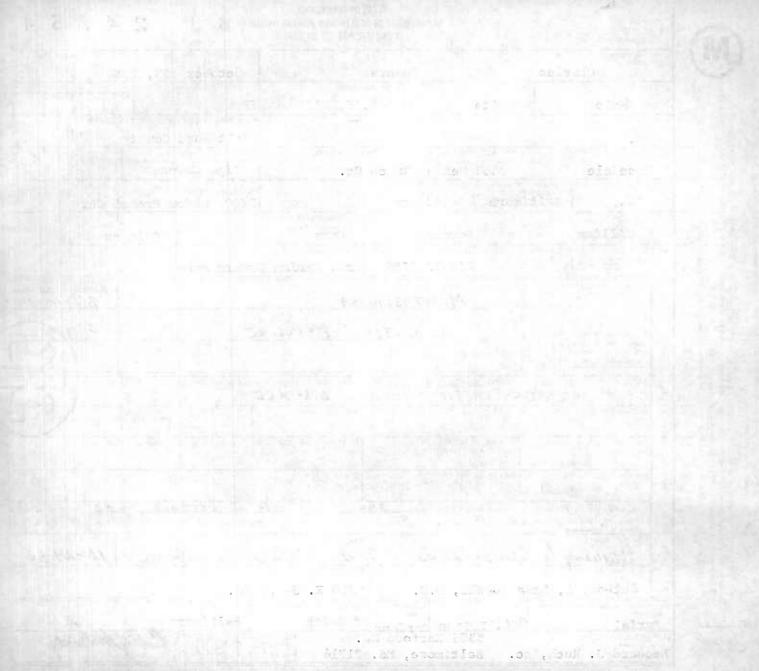
of Faith Oct.27,1980 cardens Of 5305 Harford Rd. Baltimore, Md. 21214

23c NAME OF CEMETERY OR CREMATORY

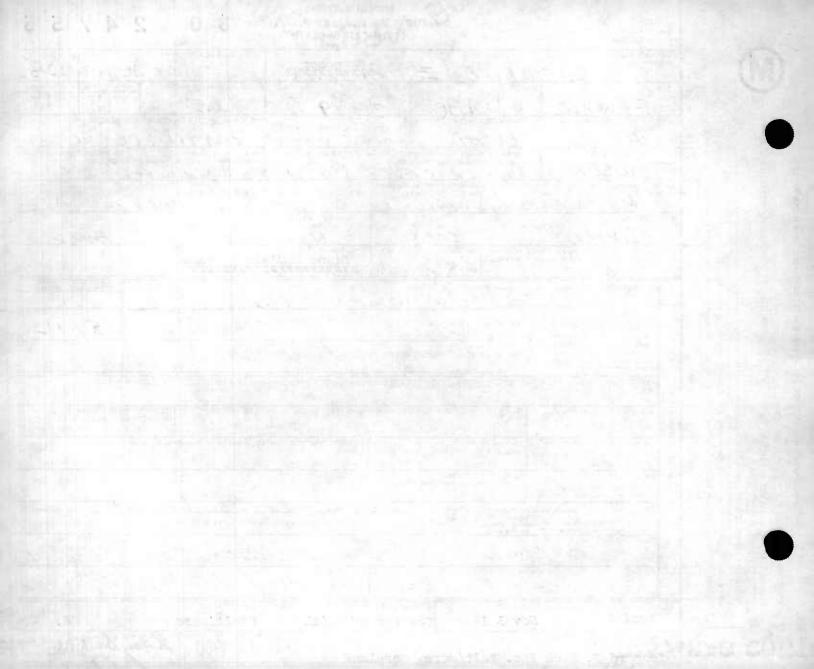
23d LOCATION
CITY OF TOWN
Baltimore OCT 2 7 1980

Md

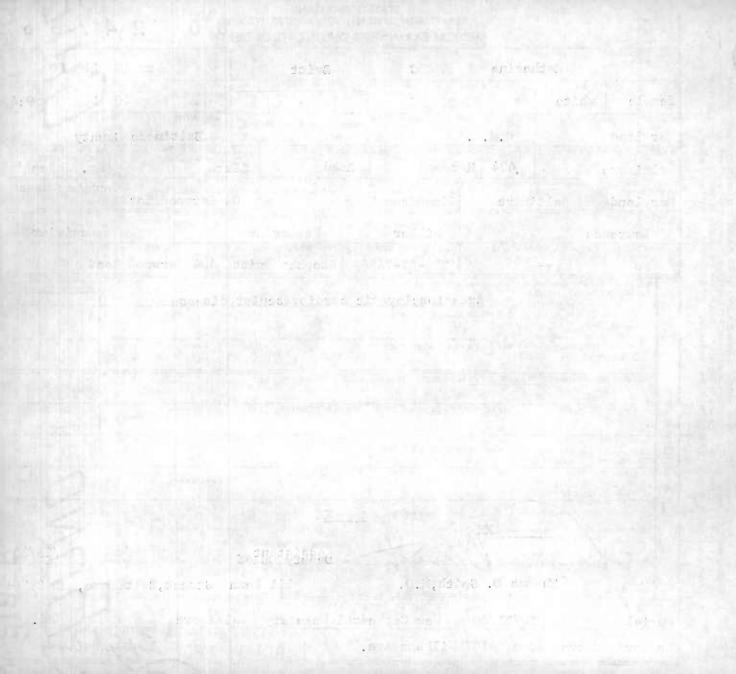
STATE



				STATE OF MARYLAND		
	1-	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	ENE 8 0	24755
https://discourt	1. DEG	CEASED NAME FIRST CATH	IERINE E.	Brandner SKXXXXXXXXX		MONTH DAY YEAR 26. HOUR 10-30 1980 12-15
rector, personer after de once.	3. SE	FeMALE	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 3 - 19 1915	& AGE (IN YEARS LAST BIRT	THDAY)  IF UNDER YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.  YRS.
72 hou		RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORGED	BALTIMORE CITY C	OR COUNTY OF DEATH
by the fur led within	10 CI	TOWSON	NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD)		126 USUAL OCCUPATION HOST OF WORK FOR MOST OF	ION IZI. KIND OF BUSINESS OF WORKING LIFE) INDUSTRY
be fin	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OR OTH- TATE 138 COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE AL	DMISSION 134 INSIDE CUTY LIMITS?	13. 20 /	HARVIEW AVE
a completely fills and 2 should medical examine	14 FA	THER'S NAME FIRST MIDD		15 MOTHER'S MAIDEN NAA	MIDDLE	LAST BAKE'D
Page:	16a V	VAS DECEASED EVER IN U.S. ARMEI	D FORCES? 166 SOCIAL SECURI	TYNO IT INFORMANT Diane McCla	ain same	
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n signed hen plea to buria ty injury	NO.	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
permit. The service shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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Item		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M.		ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
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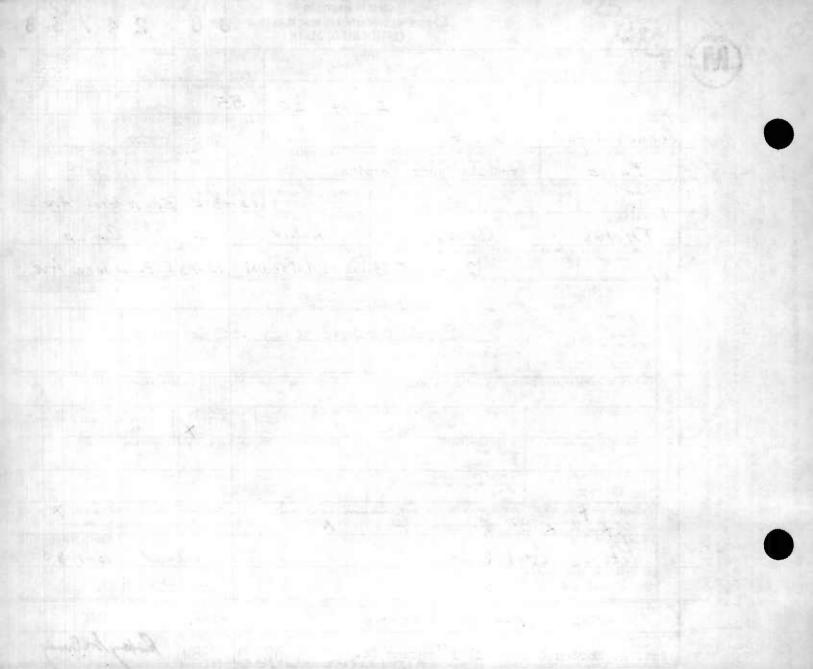


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lica exam	4 FATH	HER'S NAME FIRST A OMAS	ADDLE CYISP	15	MOTHER'S MAIDEN N	AME	^	LAST
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undud be detached for use as the burnal-ra in the State Dept of Health and MPORTANT: If Item 21 is marked or Ite	WEDICAL 2:	OR CONTRIBUTING CAUSE OF DEA  IF EITHER, NOTIFY MEDICAL EXAMINER)  ID. INJURY OCCURRED  WHITE NOT WHITE I  WORK AT WORK  TO I certify that this hospit  sow the deceased alive on obove. Many (1) identify the open obove.	HOUR A.M. MONTH P.M.  210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OF  Cotober 1  1) view the bady after death.	DAY YEAR 19  FFICE, FARM, ETC )  Om Septemb 19 80 , ond  DE	ET 18 1980  what in (19) (our) opinion  GREE  ATTENDING PHYSICIAN  20 ADDRESS	city or too  to October  n death accurred on the d  MEDICAL STA DIRECTOR PHYSIC	one and hour and from	m the couses stoted  DATE SIGNED  1 - / - 8 0



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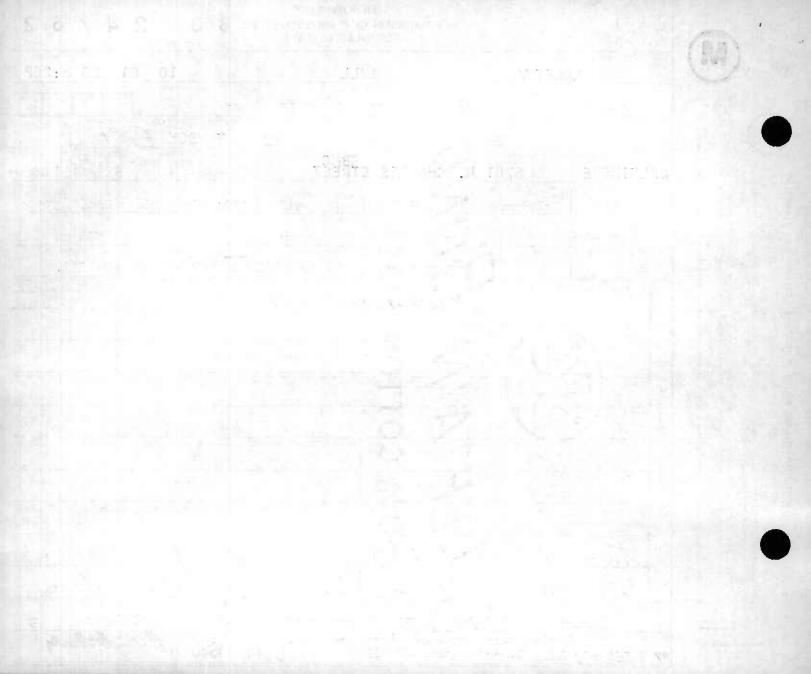
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	e hospii e hospii ched fo Oept. If Iten		226. SIGNATURE	ew the bady after death.	DEGREE ATTENDING	MEDICAL STAFF	22c DATE	14-80
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404	BP FESS		BURIAL CREMATION, REMOVAL SPECIFY BUY IA	236. DATE 236. N	AME OF CEMETERY OF CREMATORY	23d LOCATION CITYOR TOWN	LLIMERE	may.
1	DHMH-16 25M (VRA 15, 4) 1/79	24 F	INERAL DIRECTOR	A Owners	nills And "OC"	RET BY RESUSTRAR	distrig Mal	24
			- Comment					-

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n ond co		VAS DECEASED EVER IN (ES, NO OR UNKNOWN) NO	U.S. ARMEI		166 SOCIAL:	-1007	17. INFORMANT	Mr. 1 urch L	Donald I	address Bull kesvi	lle, N	1D 212	08
rtificate by physicion papers. Supapers. emovol.		18. CAUSE OF DEATH	Enter only o	one couse pe	r line for (o). (b	), ond (c).)	CARDIA						MATE INTERVAL
equires that the death ce in signed by the attending. Then please remove corb the barial, cremation, or injury, ar ather traumatic	NO	Conditions, if any, v gove rise to imme couse (a), stating underlying cause	diote the lost.	(c)	OR AS A CONS		NOT RELATED TO	O THE TERMIN	NAL DISEASE OR	R CONDITIO	ON GIVEN	IN PART 1(o	3
n. as bee bermit. ne prior	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONE	DITION FOR WI	HICH OPERATIO	N WAS PERFORM	MED	20a AUTOPSY	(?   20 IN	b. IF YES, W CERTIFYIN YES	ERE FINDING	GS USED OF DEATH? NO
phys phys phys m 18 m 18		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	JSE OF DEATH	21b. TIME ( HOUR A		DAY YEAR	21c. HOW INJU	PRY OCCURRE	D (ENTER NATURE	OF INJURY IN	ITEM 18, PART	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	D	21e. PLACE	OF INJURY TREET, FACTORY, OF		21f. LOCATION		CII	TY OR TOWN		COUNTY	STATE
ATTENDING spitol or off CTOR: After I for use as th of Heolth o		22a. I certify that (I) (the saw the deceased above, (I) (we) (did	plive on	101	180		3 ) nd that in (my) (or	ur) opinion de	_, 10	the date of	, 19_ and hour ar	nd from the c	
TAL OR Ay the howy the howard DIRECTOR Additional Trate Dept.		1 Signature hu	H.	vel	held	un	PH	ENDING YSICIAN	MEDICAL DIRECTOR   1	STAFF PHYSICIAN		22c. DATE S	IGNED
TO FUNERAL should be deta with the State		STEPH	EN 1	-	Pollo	7,	22e ADDRESS	lu.	Lewiv	14	wy k.	Rala	1. Kg
05 BP	(	BURIAL, CREMATION, RE SPECIFY) Buria	2	23b. DATE 10/4	/80	Pine G	emetery or cri	netery	Rayvi	tte.	Balti	-	STATE MD
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR LO	oring Rd., A	Byers Randal	Funero Istown,	l Direc MD 211	tors, P. 33	A 250. DATE	3 1980	STRAR 256	GISTRAI	r's Charles	JRE



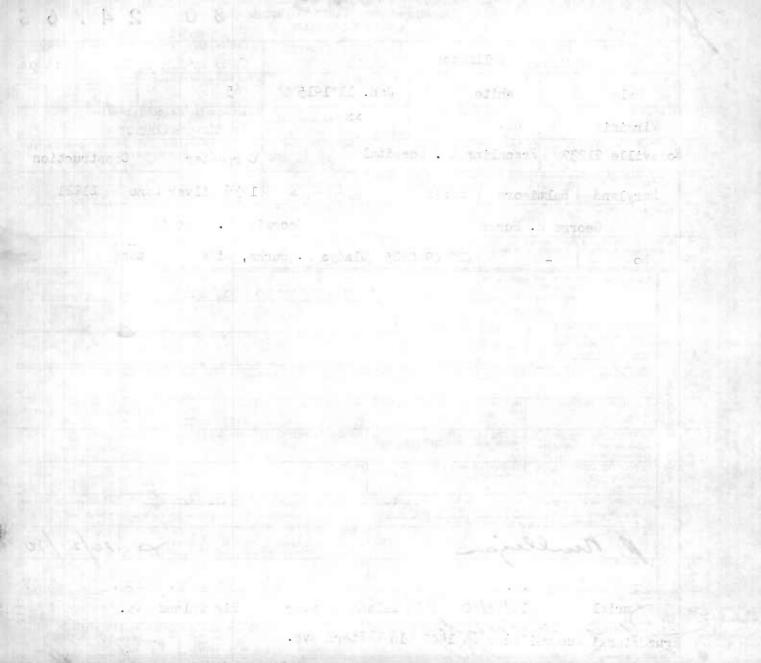
STATE OF MARYLAND

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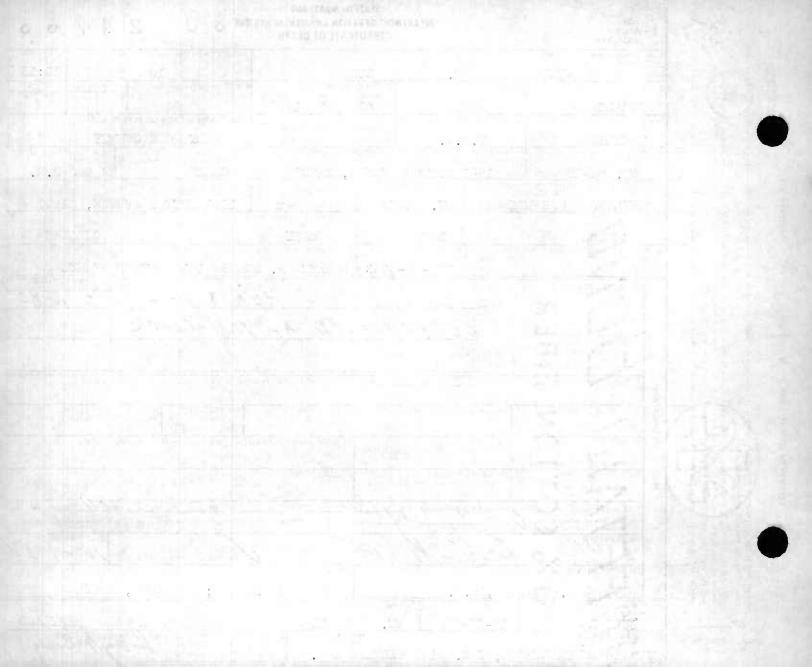
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18	1.	FOR STATE REGISTRAR	DEPART	AENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	24764
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may bage er deat	3 SE		1 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
rector, price after once		M	Black	9 16 04	76 YR	
2 hou		OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
hin 7	10 C	MAICA QUELO	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVORCED DIVORCED	12ª USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the fed within	B	AND ALLSTOWN	BATO, CO, GEN	ERAL Hospital	WERCHANTS EAR	
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shou	14. F	THER'S NAME	NIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
and Sand		Thomas	Durk	B JANE	E	Hutchenson
Pages 1		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	V. Burke NEW	100 10 PTON ST
physician papers. Permoval.	-	IL CALISE OF DEATH (Fotor col	y ane cause per line far (a) Jb), an	OTATII KITANIYA	TI DULY NE MEW	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
een signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatio	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	Le Maria		
e has b bermit. ene pri	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 208 IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
this certificat urial-transit p Mental Hygi d or Item 18		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)			RRED (ENTER NATURE OF INJURY IN ITEM	18. PART I OR PART 2}
After this s the buris th and Me marked o	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	ARM, ETC.] 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR: Ise a Heal			al) attended the deceased from_	, 19	, to	, 19, that (I) (we) last
DIRECTOR OF THE PROPERTY OF TH		sow the deceased olive on above. (II   we) (did) (did not 17h AIGNATURE	view the body after death.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED
TO FUNERAL should be detac with the State IMPORTANT:		276 PHYSICIAN'S NAME (THE OR		12e ADDRESS 5401010	Court Rd.	RANDALISTOWN
P		BURIAL, CREMATION, REMOVAL SPECIFIC PROPERTY.	10/31/80 W	RSTUIEW MEATORY	K. CATONSVILLE	BALTO, Md.
DHMH-16 25M VRA 15, 4) 1/79	C	hatnew F/	4 1701 Me Cu	Plakst DUI	TE REC'D. BY REGISTRAR 256 AEC	programmy

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STATE OF MARYLAND

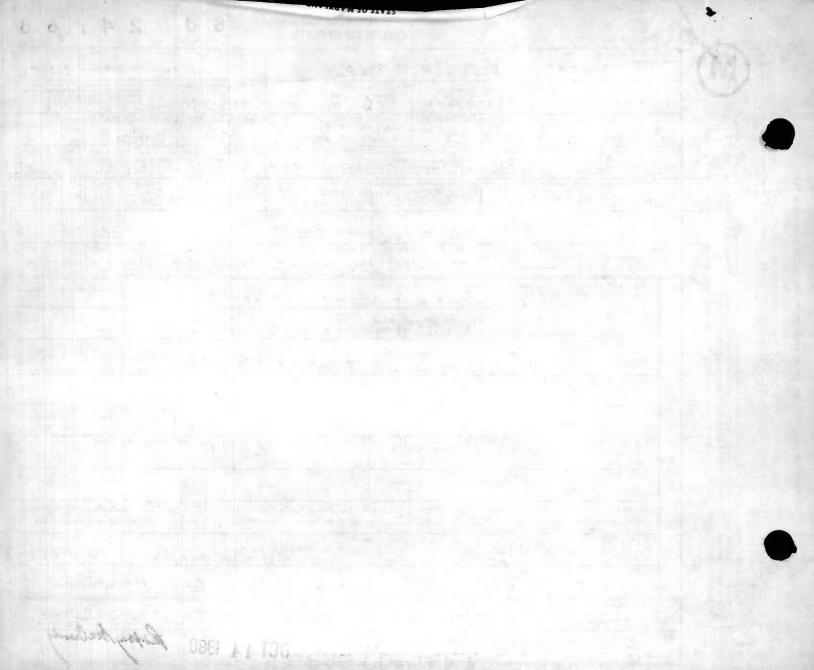


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	3. SE		4. RACE		5. DATE O		YEAR 6	AGE (IN YEARS LAST BIRTI	HDAY) IF UN		IF UNDER 24 HRS
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pa	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		R OTHER INSTITUTI		O. USUAL OCCUPATION		26 KIND OF	BUSINESS OR
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ony injury, or other troumotic	ATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c) CONDITIONS <u>CC</u>	RAS A CONSEQUEN	NCE OF		THE TERMINA	ALDISEASE OR CONE			
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Item 18 s		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE  (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.	M. MONTH DAY	Y YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE {AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC.)	211. LOCATION STREET	77	CITY OR TOW	N C	COUNTY	STATE
I is morked		220.1 certify that (I) (this hosp saw the deceased alive or		deceosed fram		d that in (my) (for)	opinion dea	th occurred on the da	te and hour and		ot (I) (We) lost
them 2		abave, (1) (we) (did) (did no 22b. SIGNATURE	of view the body	after death.		DECREE		-/		22c. DATE SI	
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1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS					
7		GEORGE E. GRO						TON BOULEVA	ARD		
	23a. B	URIAL, CREMATION, REMOVAL				METERY OR CREM.	ATORY	23d. LOCATION CITY OR TOWN	cour	NTY	STATE
-		BURIAL	10-23	-80 S'	_	GUSTINE		ELKRIDGE		D MAR	RYLAND
76		INERAL DIRECTOR		ADDRESS		1223	ZSO DATE RI	EC'D. BY REGISTRAR	756 PS TSTEAR	Mel	e de la color
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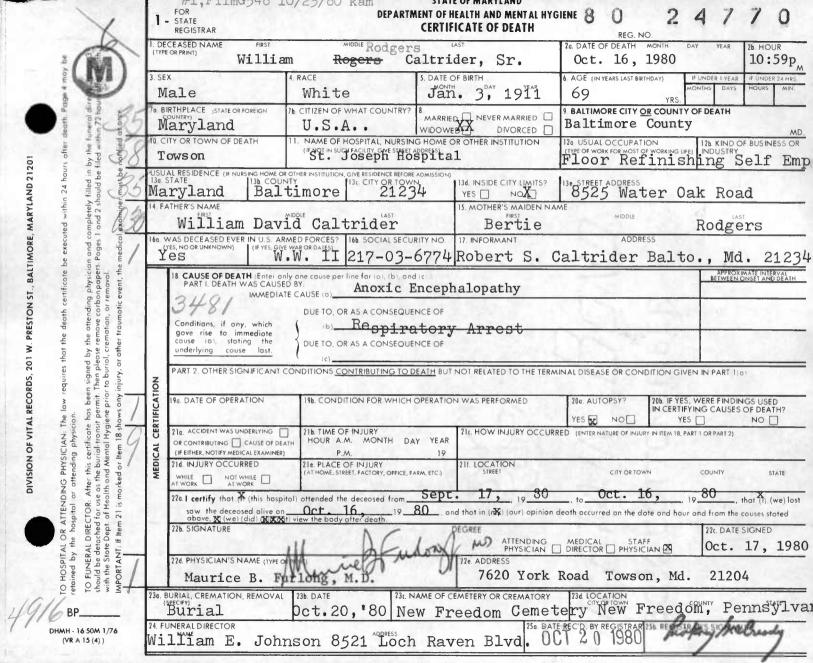
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 20. DATE OF DEATH MONTH Oct. 17, 1980 TYPE OR PRINTI BUTLER Thomas Owen 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3. SEX Jun. 10, 1893 EAR 87 White Male BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore Co. U.S.A. Pennsylvania WIDOWED DIVORCED T 176. KIND OF BUSINESS OR CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION Salesman Agriculture St. Joseph's Hospital Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Md. Balto. Towson 13d. INSIDE CITY LHAHTS? 1075 Donnington Circle 21204 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Streett Owens Butler Clara James ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Mrs. Estelle M. Butler 1073 Donnington 213 01 6388 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atterioreliste Cardiovasculor danse DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211. LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from\_ sow the deceased alive on above, (1) (we) (did) (did not) view the body after death \_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING . PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS the t MPORT, T.N. FERCIOT MD 2045 York Road 23r. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Long Green, Md. Trinity Episcopal Cern. 20 OCT 80 250. DATE REC'D. BY REGISTRAR 256. RECTAR S DHMH-16 30M 2/80 (VRA 15, 4) Løwell Lemmon Padonia & York Rds

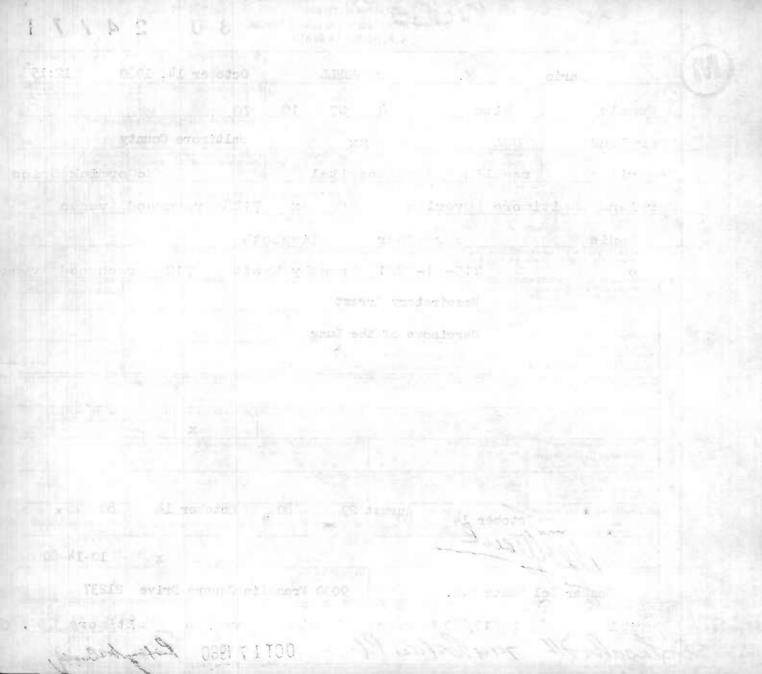
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	FOR STATE REGISTRAR	a = 211 U	C	DEPARTMENT OF	HEALTH	AND MENTAL	24	O REG. NO	247	6 9
	DECEASED NA	ME JOHN		P.	CA	IN	2a. DA O DEA	TE KNOWN	In tope 24	TAM   26.49
	.sex Male	White	5. DATE OF BIRTH	1961 6. AGE (IN YE LAST BIRTHE	PAY) MONTHS	DAYS HOURS	MIN. PRON	ATE OUNCED EAD	Tobya.	19843/
771	a. BIRTHPLACE FOREIGN COUNTR	England	76. CITIZEN OF WH		WIDOWE		KIED X		rcounty of Di re County	
6	D. CITY OR TOW	son	G. B.MC.	PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS)		RINSTITUTION		CUPATION (TYPE WORKING LIFE) Loyed	OF WORK 12b. KIN OR	D OF BUSINESS INDUSTRY
	3a. STATE Md	Prin		RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Capitol He	gts	3d. Inside City Limits? Yes No 2		DRESS Cuson Ave		rews Air e Base
	4. FATHER'S NA/ FIRST Ronald		MIDDLE B .	Cain		S. MOTHER'S MAID FIRST Gwendo		MIDDLE	Wa	rd
-	60. WAS DECEAS (YES, NO, OR UNK)	(IF YES, GIVE	WED FORCES? WAR OR DATES)	166. SOCIAL SECURIT		Ronald B	Caid	Same		
	gave cause ( lying c	ans, if any, which rise to immediate a) stating the <u>under- ause last</u> .	(b)	AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TERM	OF	IR CONDITION GIVEN IN P	ART 1 (a).			
	19a. DATE (	OF OPERATION	19b. CONDIT	ON FOR WHICH OPER	RATION WAS	S PERFORMED?			34 831 10	JTOPSY?
	210. EXTERM UNDERLYIN CONTRIBU	NAL CAUSE WAS IG OR TING CAUSE OF E	0 00	MONTH DAY YEAR	R	WINJURY OCCURR Hangin		DF INJURY IN ITEM 18 PA		110
	UNDERLYIN CONTRIBU 21d. INJURY WHILE AT WORK	OCCURRED  NOT WHILE AT WORK	216. PLACE O STREET, FACTO Mental	FINJURY (AT HOME, DRY, FARM, ETC.)	211. LOCA STR	EET		riown pital, 1	county Cowson,	Md. 21
	22 <b>a</b> . I ce	tify that I taak charg	e of the remains desc al causes ,		Autapsy Dicide 2,	Homicide	Undetermined		I in my apinian	ho/ge
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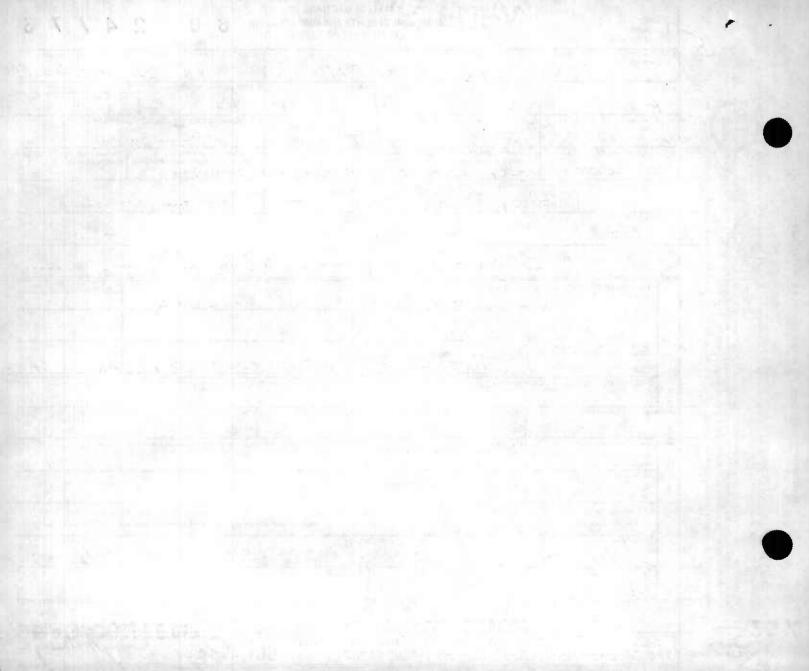
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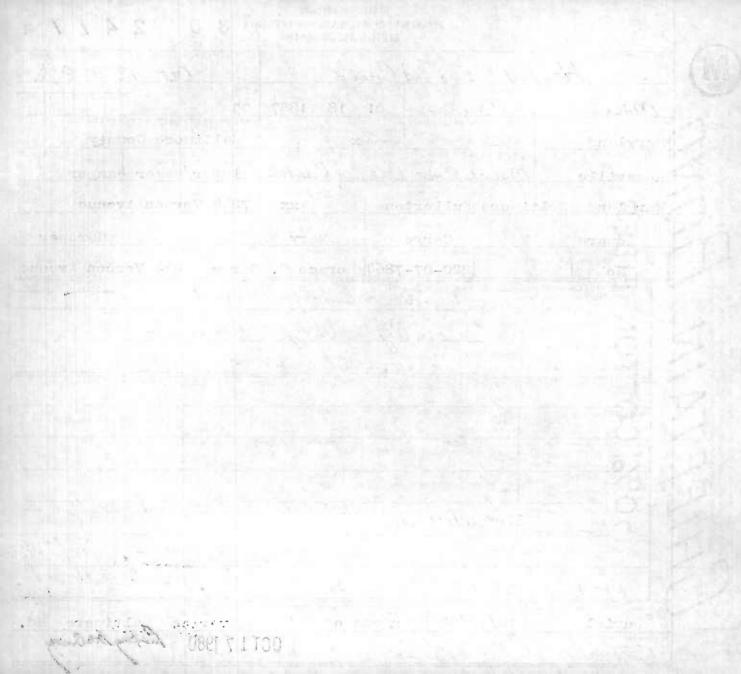


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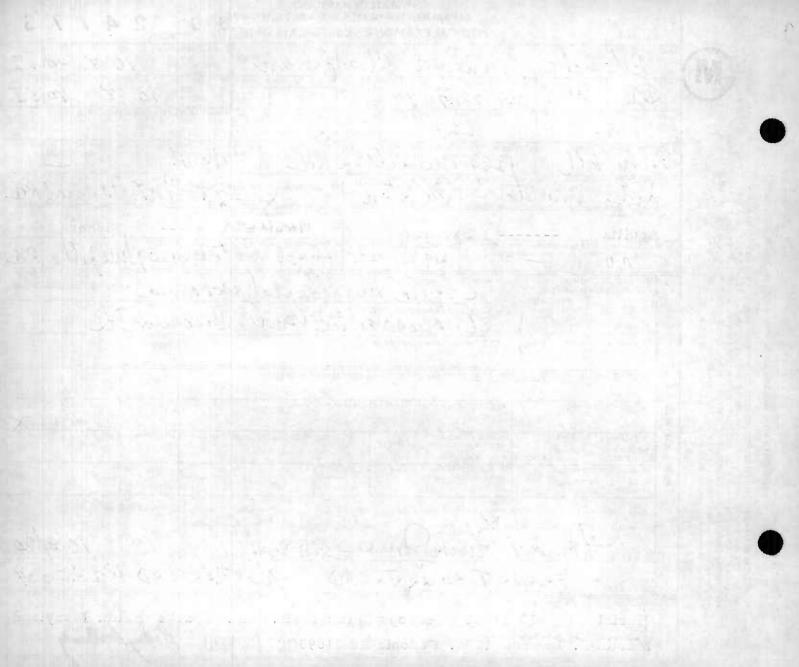
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1	11.	FOR STATE REGISTRAR			DEPART		CATE OF DEATH	GIENE 8	REG. NO	2	4 /	7
0		CEASED NAME	FIRST	MIDI	DLE	LA	ST	20. DATE O		MONTH DA	Y YEAR	26. HOUR
page 3 death	L	ED	NA	R	. 0	:ARM	AN		10	22	1980	42
r, pa	3. SE	X	4 RA	CE		5 DATE OF	BIRTH YEAR	6. AGE (IN)	EARS LAST BIRTI		UNDER 1 YEAR	IF UNDER 24
1		F		W		7	20 1897	83	>	YRS.	DATS	HOURS A
M)35		IRTHPLACE (STATE OR FORE OUNTRY)  MD		TIZEN OF WH USA	IAT COUNTRY?	MARRIED WIDOWED	□ NEVER MARRIED □ DIVORCED □			re Cou		
855	4	ity or town of DEATH andallstown	0	F NOT IN SUCH F	SPITAL, NURSIN	NG HOME OF	OTHER INSTITUTION	120 USUAL	OCCUPATE	ON WORKING LIFE)	126. KIND C	OF BUSINESS
and had and the state of the st	130	AL RESIDENCE (# NURSING STATE 13 MD E	g HOME OR OTHER 36 COUNTY Baltimo	13	CITY OR TOWN	VN I	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS	ons Mi	77 Da	- 7
sho	14. F/	ATHER'S NAME Henry	WIDDLE		Freede		15. MOTHER'S MAIDEN NA	ME	MIDDLE C.	ons m	LA	51
ages 1 ar	160 V	VAS DECEASED EVER IN	U.S. ARMED F	OR DATES)	SOCIAL SECU	JRITY NO.		Ruth	GILVI	ckas	Sime	
d by the attending physiciar ase remove carbon papers. P ial, cremation, or removal. Y, or other traumatic event,		Canditions, if any, we gove rise to immediate (a), stating	which diate	OUE TO, OR A	S A CONSEQUE S A CONSEQUE STEB	ENCE OF	IRATORY TION (FROILC		מממט	750/11	BR	NISE
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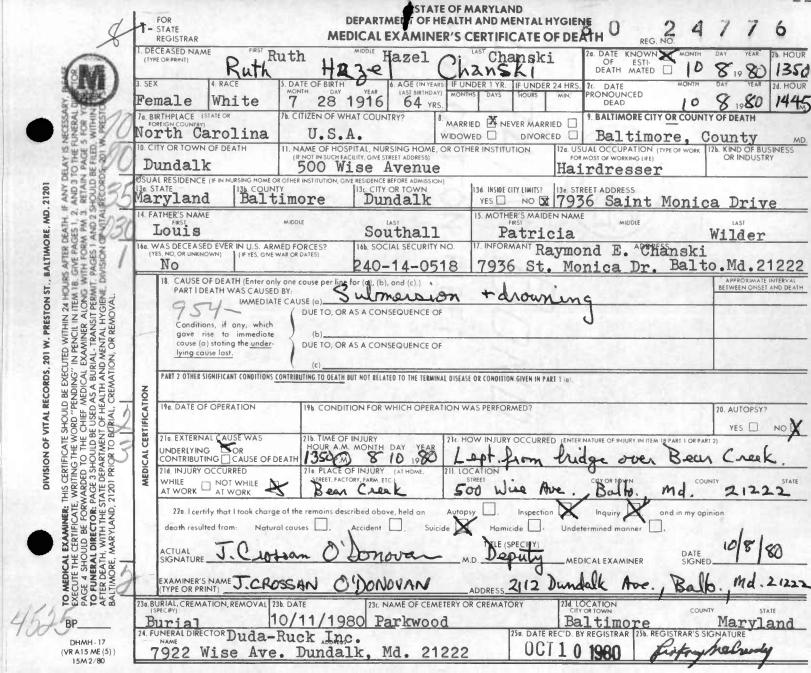


STATE OF MARYLAND



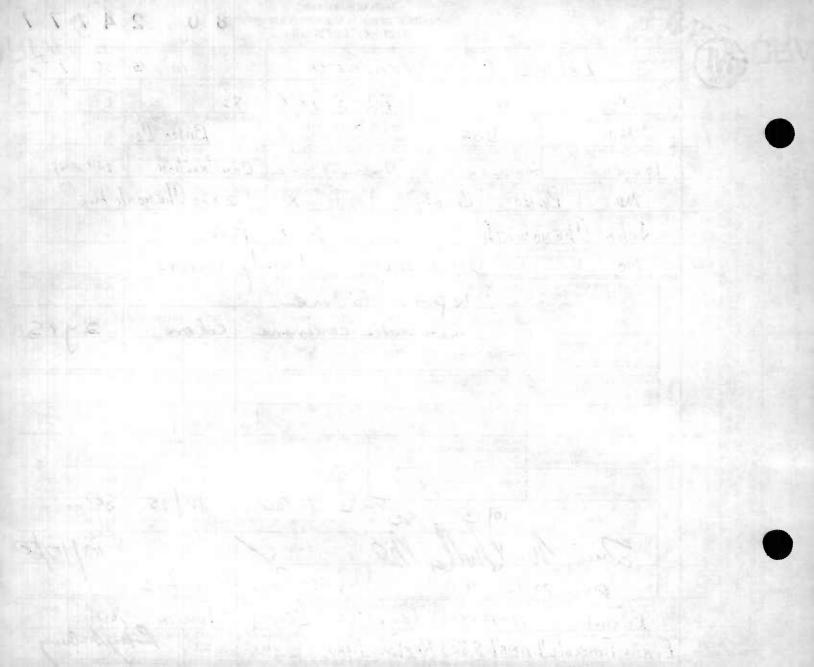
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•	PECESSA FUNERAL 5 FOR Y MATHIN	7a. Bl	EIGENOUNTRY	MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR WIDOWED DIVORCED   9. BALTIMORE CITY OR BALTIMORE CITY	O CO MD.
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ST.,	ENE, DIV	7	18. CAUSE OF DEATH (Enter only one co- PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE	Clarito hu sondial ischemia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON	HIN 3 F ALL SST PAL HVG	3	Conditions, if any, which gave rise to immediate	a arleroschote Carder Vascular	-Du
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	UID BE EXECU PENDING" IN EF MEDICAL E RD AS A BUR HEATH AND CREMATION C	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	THE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART Y IN	
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ON OF VI	THE WOOULD HE COULD H	AL CENT		16. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	
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	2. F. S. C.		220. I certify that I took charge of the I		in my apinian
	ERT WITE		ACTUAL Frank T.	Karek Ino asst Deste MEDICAL EXAMINER	DATE 10/8/80
	MEDICAL E ECUTE THE C GE & SHOU FUNERAL D TIER DEATH, WENER D THE DEATH, WENER DEATH, WENER DEATH, WENER D		EXAMINER'S NAME FRANK	KT. Kank JR-MDDRESS GOOTHARFORD	Rd_21234
1007	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. B	JRIAL CREMATION FEM DIAL 38 DATE		COUNTY STATE
3000	BP	24. F	DOWNLOBOTOR LAND	250. DATE REC'D. BY REGISTRAR 251 EGIS	Balto. Maryland TRAR'S IGNATURE
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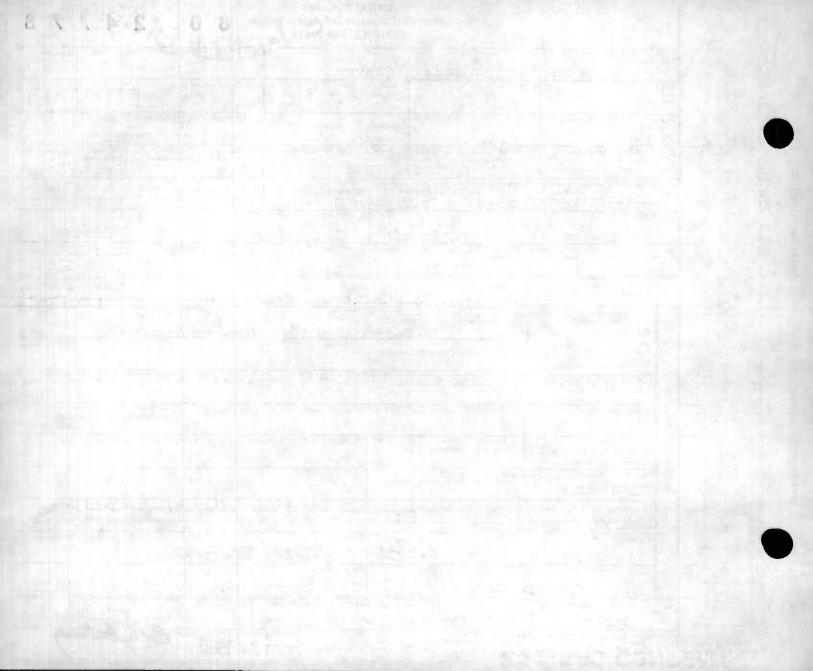


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11	1,	FOR - STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 7 7 7			
the same	Ι'	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
AA \		CEASED NAME FIRST	MIDOLE	LAST		DAY YEAR 28 HOUR
TAT )		Leste	er C. C	henoweth	10/15	5/8U / AM
e e	3 SE	X	4 RACE	5 DATE OF BIRTH		FUNDER LYEAR IF UNDER 24 HRS
once		//\	W	Fr.6 3 1898	82 YRS.	
Ted at		IRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY	
nou	10 C	TY-OR TOWN OF DEATH		G HOME OR OTHER INSTITUTION	12e. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
of to	Ĺ	low son	Qulaney Tows	Nursing Home	CONSTRUCTION	SAIT ENG.
195	13a	AL RESIDENCE IF NURSING HOME OF	OTHER INSTITUTION, GHE RESIDENCE BEFORE	N 13d. INSIDE CITY LIMITS?	134. STREET ADDRESS CHE NO.	HL ALE
wex	14. F	ATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	81
( 30		Nohn ChEN	ow is the	M. E.	FullER	LAST
he attending physician and complimove carbon papers. Pages 1 and 3 moration, or removal.  other traumatic event, the medical		WAS DECEASED EVER IN U.S. ARA YES, NO ORLUNKNOWN)   THE YES, GIVE	WAR OR DATES)	L .	1 ADDRESS	
	_	NO	718-32-	2204   17th	kily ILECORDS	
		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED		lico Carl		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		15-3 GIMMEDIATE CAUSE 10) LO POETIC TO I TURE				
		Conditions, if ony, which (b) meta State Concernma Colon				DARC
		Canditions, if any, which gove rise to immediate	)	-V-L-V-Q-V-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X-X	a colon	1 2 1
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njury.		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OR CONDITION GIVE	EN IN PART 1(a)
any in	NO.					
d &	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
18 sho	E					NO [
ELA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	LIGHTS A M. MICHIELL	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	ART I OR PART 2)
2 /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
ECTOR: After this cerr for use as the burial-tra of Health and Mental em 21 is marked or Ite	ED	214. INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	WHILE NOT WHILE AT WORK	(**************************************		1	
		22a.1 certify that (1) (this hospit	al) attended the deceased from	Feb 19 80	2,10 10 15	19, that (I) (we) lost
		sow the deceased alive an above, (1) (we) (did) (did not	19	and that in (my) (our) opinion	death occurred on the date and hour	ond from the causes stated
f Ite	П	226 SIGNATUSE	1 // //	DEGREE	/	22c. DATE SIGNED
Ē		Nous 1	V. Mell.	ATTENDING PHYSICIAN (	DIRECTOR PHYSICIAN	10/17/2
TANT.		224 PHYSICIAN'S NAME ITYPE OR	PRINT	220 ADDRESS	111111	1//
IMPORTANT:		Lowis N	riller M.D	6804 PA	RE NEIghts AVE	
2	23a.	BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d. LOCATION CITHOR TOWN	COUMY STATE
_		BURIE	16-17-80 1	ROUPBU NILLEM	MORMA	THE
25M	24 E	UNERAL DIRECTOR	noel OV, ADDREST /m	Fran P. 250. DAT	REC'D BY REGISTRAR 256. RECAST	RES SIGNATURE
1/79	16	VANS TUMERALLI	44 000 8 121 HY	MORD HOAD	01 ~ 0 1000	/



	1	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2	4 /	78
	1. DE	CEASED NAME FIRST		MIDDLE	ī	AST	2. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
death	(ITE	Cath	erine :	Eulogia	Ch	erry		10 21	80	м
after d	3 SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
DCe.	F	emale	Whi	te	4	5 1919	61	YRS	DATS DATS	HOURS MIN
at o	7e 8	IRTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN O	F WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
372		nio	U.S	. А .	WIDOWE		Baltimo	re Coi	intv	MD.
a not		ITY OR TOWN OF DEATH	11. NAME O		IG HOME C	OR OTHER INSTITUTION	12e. USUAL OCCUPAT	ION	12h, KIND OF	F BUSINESS OR
300	D	undalk		4 Cornwa		oad	Unit Wei			Steel
	USU 130	AL RESIDENCE HE NURSING HO	ME OR OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS		31	
لكع			ltimore	Dundal		YES NO 🛛	2914 Cor	nwall	Road	
	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA				
O Eag		John	MIDDLE	Vanglar	cik	Katherin	MIDDLE		Cibu	ila
	160	WAS DECEASED EVER IN U.S	ARMED FORCES			17 INFORMANT	7330 <sup>AD</sup> M	hches		
1	N		S, GIVE WAR OR DATES)	217-14-	9221	Lynn S. Ch			o. MD	
,	17.					Бупп Б. Сп	<u> </u>	Bullot		MATE INTERVAL
		18 CAUSE OF DEATH (Enti- PART I. DEATH WAS CA		mela	S	tic carcin	Doma.		BETWEEN O	NSET AND DEATH
		IMME	DIATE CAUSE (0)_			10000000	. 0		1	Pagare In
T C		1771		OR AS A CONSEQU	ENCE OF	h	, 6.		1383	
		Canditions, if any, which		112	wa	M X LA	- wyzni	-07-	-	
		cause (a), stating the underlying cause lost	DUE TO.	OR AS A CONSEQU	ENCE OF					
			(c)_							
	N Q	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CON	DITION GIVE	N IN PART 16	1
1	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
4	E						YES NO	YES		NO 🗆
11	T W	21a. ACCIDENT WAS UNDERLYING		OF INJURY	AU VEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT I OR PART 2	
4	¥	OR CONTRIBUTING CAUSE OF CIFEITHER, NOTIFY MEDICAL EXAM	ULAIN	A.M. MONTH D. P.M.	AY YEAR					
1	MEDICAL	214 INJURY OCCURRED	21e PLAC	E OF INJURY		211 LOCATION				
	¥	WHILE NOT WHILE	{AT HOME,	STREET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		220 I certify that (I) (this h	ospital) attended	the decensed from	-	10 47	10/10-2	-1- 1	087).	that (I) (wa) face
		saw the deceased aliv	e on [ ]	198	Company &	nd that in (my) (aur) opinion	death accurred an the d	ate and haur	and from the	causes stated
		obave, (1) (we) (did) (di 22b. SIGNATURE	d nat) view the bac	ly after death.		DEGREE			22c DATE S	
		THE SIGNATURE	10	sel 1.	0	ANENDING I	MEDICAL _ STA	FF	IL DATE .	SIGNED
		100	1	One	0	PHYSICIAN E	DIRECTOR PHYSIC	IAN 🗌		
1		224 PHYSICIAN'S NAME IT				22e ADDRESS				
1		B. W. Sol				2900 Dunra		ndalk,	, MD 2	21222
	230	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	C	OUNTY	STATE
		Burial	10/	25/80 Oa	k La	wn Cemetery		Balti	imore,	MD
M	24. F	UNERAL DIRECTOR Dud	a-Ruck,	Inc		25e. DAT	E REC'D. BY REGISTRAR	15 MIGGER	A MARCH	welly
/79		7922 Wise	Avenue,	Dundalk	, MD	21222 OCT	2 4 1980	/		1



Inć.

Dundalk, Md.

21222

24. FUNERAL DIRECTOR Duda-Ruck.

7922 Wise Ave.

FOR

- STATE

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 7b. HOUR 3:35 October 21, 1980 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 17b. KIND OF BUSINESS OR Attendant 13e. STREET ADDRESS 385 Langley Road Garman 212-42-1622 Gertrude Chester Essex, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH End-Stage Congestive Heart Failure 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. YES NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY CITY OR TOWN STATE October /80\_, and that in 🗪 (our) opinion deoth occurred on the date and hour and from the couses stated 22: DATE SIGNED MEDICAL DIRECTOR | PHYSICIAN 9000 Franklin Square Drive 21237 73d LOCATION

CITY OR TOWN

25a. DATE REC'D. BY REGISTRAR 75b. 10 GIS

Baltimore Maryland

BP. DHMH-16 30M 2/80 (VRA 15, 4)

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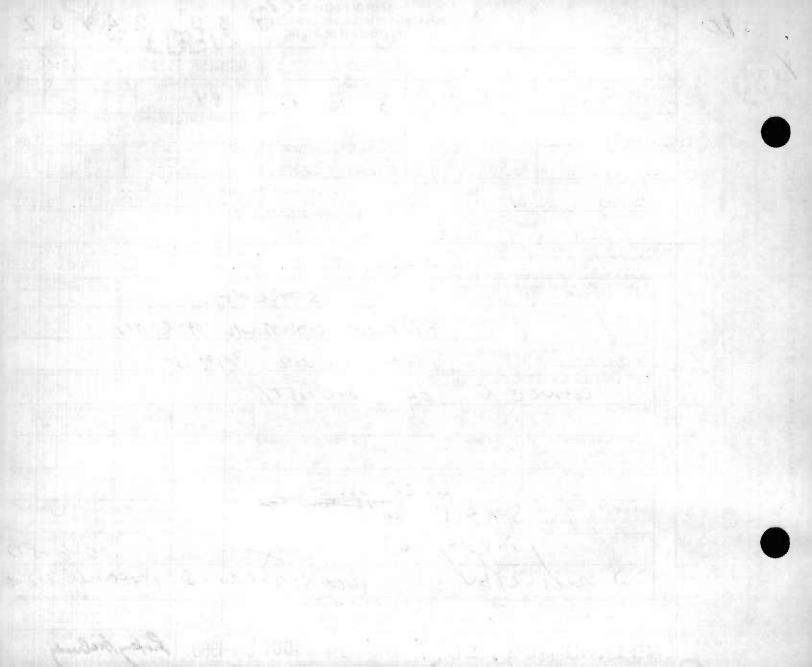
	FOR = STATE	LIM G 550 12/5/80 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	24780
	REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE LAST 20. DATE KNO	reg. no. DWN $\square$ month day year 7b. Hour title $\boxtimes x$ 10 20, 80
1	female criental	S. DATE OF BIRTH MONTH DAY YEAR OCT. 13, 1918 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	10 26 a 80 1 · 00 T
7	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		Imore Country MD.
	CITY OR TOWN OF DEATH Parksville	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Loch Raven Reservoir /water  120. USUAL OCCUPATION FOR MOST OF WORKING Teacher	ON (TYPE OF WORK LIFE)  12b. KIND OF BUSINESS OR INDUSTRY  High School
130	STATE 136. COUN	or other institution, give residence before admission) TY TY This city or town Thoenix Ty Thoenix Ty Thoenix This city limits? The city limits?	emere Parkway
14.	FATHER'S NAME Chen-To	MIDDLE Chi IS. MOTHER'S MAIDEN NAME MIDDLE YI Yuan	Meng
160	WAS DECEASED EVER IN U.S. AR (YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR OATES)  16b. SOCIAL SECURITY NO. 215-76-4253  Mrs. Chun Lien Wang	DDRESS , Same as 13E
2		DUE TO, OR AS A CONSEQUENCE OF	
VCERTIEICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES X NO
AAEDICAL CEB		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH WAY.M. 10-20 1980 Unknown 216. PLACE OF INJURY (AT HOME. STREET, RACTORY, FARM, ETC.) reservoir_waters Loch Raven Reservoir_wa	COUNTYSTATE
	22a. I certify that I took charged death resulted from: Natural ACTUAL SIGNATURE EXAMINER'S NAME	Assistant MEDICAL EXAMINE	DATE 10/27/80
230	(TYPE OR PRINT)  B.BURIAL, CREMATION, REMOVAL (SPECIFY)  Cremation	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY [23d. LOCATION	e, Maryland
24	FUNERAL DIRECTOR	ADDRESS 1050 York Rd. 2120 CT 30 1980	AND THE RESERVE AND ADDRESS OF THE PARTY OF

de la la la casa de la the property of the party of the property of the party of 

12	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 (	REG. NO	Even	4 7	8 1
e.e		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST	20. DATE OF	DEATH A	AONTH D.	AY YEAR	26 HOUR
e 4 may be ctor, page 3 after death		1	IILDR	ED		CL	OUGH		7.5	10 1	4 80	1-AM
m mo	3. SE	Κ		4. RACE		5. DATE (		6. AGE JINYEA	RS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
Page 4 n director, hours after		EMALE		WHITE		10	06 11		69 YRS.		DATS	NOOKS MIN
2 holdi		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	9 BALTIMOR	E CITY OF	COUNTY	OF DEATH	
funeral thun 72 land		ARYLAND		U.S.A		WIDOWI	DIVORCED		T IMOR	E COU	NTY	MD.
offer the		TY OR TOWN OF DE		HE NOT IN SUC	HOSPITAL, NURSI CH FACILITY, GIVE STREE MONARCH	T ADDRESS)	DR OTHER INSTITUTION	128 USUAL O ITYPE OF WORK F PHYSI	OR MOST OF	WORKING LIFE		
AND 2120	USU/ 13c. S	AL RESIDENCE LIFNUR STATE LARYLAND	136 COU	R OTHER INSTITUTION		RE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET A 4-A M	DDRESS		MARY	
MARYLA maletely and 2 sh	14. FA	THER'S NAME		MIDDLE GRAY	ELDERK I	N	15. MOTHER'S MAIDEN N FIRST MINNIE	IAME	MIDDLE		W	ITTE
MORE, M	16a. V	VAS DECEASED EVER	IN U.S. AF		166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRES	229		R RIDGE
LTIM Iden Ins. Pe		NO			220-36-		TIMOTHY L.	TROCKEN	BROT,	JR.		ROAD
ST., BALT ritificate by physicia an papers. emayal.		PART I. DEATH W		nly ane cause per ED BY: TE CAUSE (a)	Carle	nd (c)	arrest				BETWEEN	I GNSET AND DEATH
oth cer ending e carba		410-			RASIA CONSEQU	d.	mucad	N land	land	1	1011	4190
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  ING PHYSICIAN. The law requires that the death certificate be executed within 24 hours rathereding physician.  When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremotian, or removal.  On the many shows any injury, or other traumatic event, the medical examinermust be a care and a strenger or the medical examinermust be a care.	ar ather traumatic	Conditions, if ony gave rise to important cause (a), statis underlying cause	nediate ig the	(c)	RAS A CONSEOL		Interction	ns.	jazez	LON.	2-3	yrs.
RDS, 20 equires to signed Then ple in to burice injury, and injury	NO O	PART 2 OTHER SIGN	S S	conditions co		DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE	OR COND	ITION GIVE	N IN PART 1	(0)
TAL RECO	CERTIFICATION	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOF	NOZÍ			NGS USED S OF DEATH?
ON OF VITA HYSICIAN: TI ding physicia is certificate burial-transit Mental Hygi		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DE	ATH HOUR A.		AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATU	JRE OF INJURY	IN ITEM 18, PA	RT 1 OR PART 2)	
DIVISION NG PHYS after this c as the bur th and Me arked ar H	MEDICAL	21d. INJURY OCCUR	HILE [		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW!	٧	COUNTY	STATE
TTEND pital or TOR: A far use of Heal		22a.1 certify that (1) saw the deceas		ital) attended the	e deceased from	1183	nd that in (my) (our) opinio	, to	OC 7	e and hour	and from the	that (t) (we) last
0 0 0 0 0		226. SIGNATURE	us l	- Bo	irney	m	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI PHYSICI			1680
HOSPI ined b FUNE wid be h the S		ROBERT L			).	/	22. ADDRESS 6501 N. CHA	ARLES ST	REET.	2120	4	
Sho Sho Sho	23o. E	SURIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY	23d, LOCAT	ION			CT AYE
000 BP		BURIAL		10-18	-80	LOUI	ON PARK	BALTI	MORE	CITY	MAI	RYLAND
DHMH - 16 50M 1/76	24 FL	INERAL DIRECTOR			ADDRESS		21229 25a D	ATE REC'D. BY RE		Sb. RE STR	AR'S SICOLA	TURE
(VR A 15 (4) )	HI	IRRARD FIIN	ERAT	HOME TN		WIIKE	JC AVE U	1 1 6 19	980	prop	My/Me	Bushy

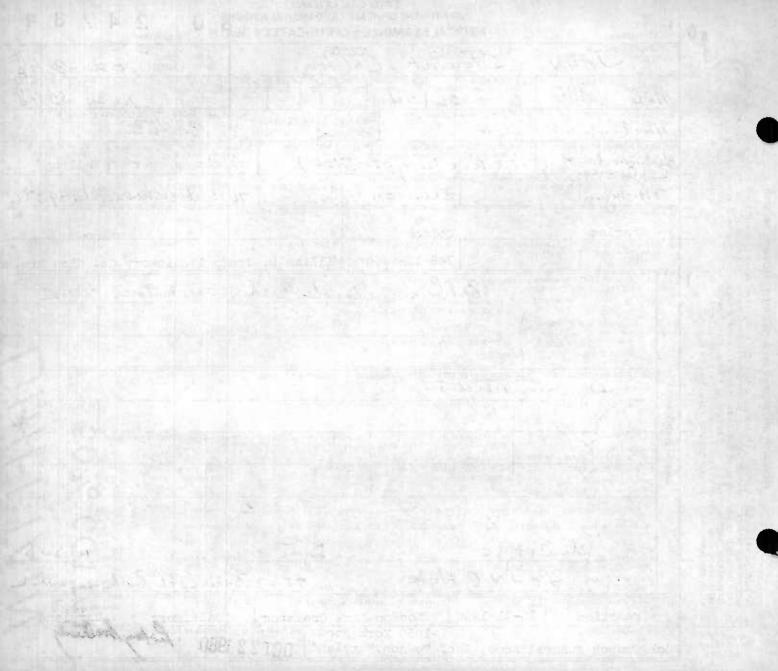
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. He	FOR STATE REGISTRAR		DEPA	ARTMENT OF HE	OFMARYLAND ALTH AND MENT CATE OF DEAT		NE 8 0	2	4 /	8 2
XIRANGE \	I. DECEASED NAME	Finst MAE	H.	COHI	EN		OCTOBER		YEAR	26. HOUR 9:40 AM
	3. SEX /-EM/	ALE 4 RA	CAUCASIAN	5. DATE OF	BIRTH 1	76	AGE IN YEARS LAST BH		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
death. P.	70 BIRTHPLACE (STATE COUNTRY)  RUSSIA		USA	RY? I. MARRIED WIDOWED	NEVER MARR		BALTIMORE CITY OF			MD.
by the fulled within	RANDALLSTO	OWN R	NAME OF HOSPITAL, NU IF NOT IN SUCH FACILITY, GIVE S ANDALLSTOWN	CONVALES			20 USUAL OCCUPAT TYPE OF WORK FOR MOST	OF WORKING LIFE)		BUSINESS OR HOME
AND 21:	USUAL RESIDENCE (# N 130 STATE MARYLAND	13b COUNTY BALTO	INSTITUTION, GIVE RESIDENCE BILLION RICHARD RI		13d. INSIDE CITY LI		36. STREET ADDRESS 3556 CARRI		. 204 LL CIR.	. #21133
MARYL, marted with mpletely and 2 sho	14 FATHER'S NAME WILLIA	AM MIDDLE	COLVIN		IS MOTHER'S MAI FIRST CLA		MIDDLE	UI	NKNOWN	
e be exected an and color Pages 1 and to t, the mec	160 WAS DECEASED EV (YES, NO OR UNKNOWN)	ER IN U.S. ARMED I	OR DATEC)	14-2749			CORINNED I		556 CAF STOWN,	
RDS, 201 W. PRESTON ST., B w requires that the death certifien signed by the attending phy. Then please remove carbon papor to burial, cremation, or remoany injury, or other traumatic e	Conditions, if a gave rise to couse (a), strunderlying ca	I WAS CAUSED BY: IMMEDIATE CAI Iny, which immediate ating the use last	DUE TO, OR AS A CONSE	EQUENCE OF SOUTH	0866131		ours	RONT,		AATE WITEVAL NSET AND DEATH
VITAL RECO	ING DATE OF OPE	UNDERLYING 2	16 TIME OF INJURY HOUR A.M. MONTH				200 AUTOPSY?  YES NO	IN CERTIFY II	· · · · · ·	
DIVISION OF VIT AL RECORDS,  IDING PHYSICIAN: The law req  After this certificate has been signs the burial-transit permit. Then th and Mental Hygiene prior to be marked or Item 18 shows any in	OR CONTRIBUTING [ (IF EITHER, NOTIFY ME 21d. INJURY OCC  WHILE AT WORK AT	DICAL EXAMINER)	P.M. Te PLACE OF INJURY AT HOME, STREET, FACTORY, OF	19	THE LOCATION	90	CITY OR TO	wn	COUNTY	STATE
RATTEN Sepital or a RECTOR of for use a pt. of Heal	sow the dece	ased alive on	Hended the deceased from	19 Gano	that in (my) (our)	opinion de	L, toath occurred on the a	ote and hour a		
TO HOSPITAL Oretained by the hit TO FUNERAL DI should be detache with the State De through th	22d. PHYSICIAN'S	NAME ITY OF PRINT	citor	vu)	ATTEN PHYSI 220 ADDRESS GOD A	-	MEDICAL STA DIRECTOR   PHYSI PLSPOW LD		10-	6-80 = 21208
060(BP	230 BURIAL, CREMATIC (SPECIFY) BUR		OCT.6,1980	SHOMRA S	METERY OR CREM	ATORY	23d LOCATION CITY OF TOWN BALTIMO	RE	MARY	LAND
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR NAME 6010 REIS		INSON & BRO	2	21215	OCT	8 1980	Zin Maria	AS SENATU	IRE

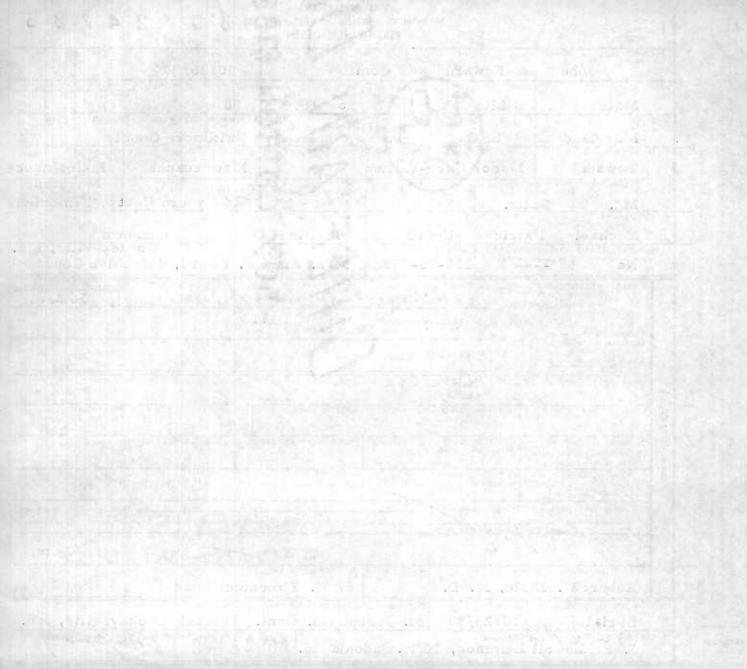




A 1	FOR STATE		DEPARTMENT OF				0 2	41	8 4
40	REGISTRAR		DICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REG. NO.		
17.0	PECEASED NAME FIRST	57	EWART +	COLT	on.		OF ESTI-	MONTH DAY	80 900
3. 5	MAR White	S. DATE OF BIRTH	YEAR LAST BIRTHDA	Y) MONTH	DER 1 YR. IF UNDER	MIN. PRON	OATE OUNCED DEAD	MONTH DAY	YEAR 2d. HOI
70	BIRTHPLACE (STATE OR FLACE) COUNTRY)		HAT COUNTRY?	8. MARRIE	D NEVER MARRIE	ED L	Ballo E	COUNTY OF DEA	TH A
10.	CITY OR TOWN OF DEATH	d 1 Ch	SPITAL, NURSING HOME ACILITY, GIVES REET ADDRESS!	+-2	RINSTITUTION	FOR MOST O	CCUPATION (TYPE OF WORKING LIFE)	OR IN	OF BUSINESS OUSTRY
13a	Michigan 13). Co	OME OR OTHER INSTITUTION, COUNTY	130 CIP OR TOWN	7	13d. INSIDE CITY LIMITS? YES NO	13e. STREET A	odress who	12stuta	49236
14.	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDE	N NAME	MIDDLE	LAST	
	Charles		Colton					unknown	
160	WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY		17. INFORMANT		ADDRESS		
F			708-12-646	0	William D.	Trump	l Chickor		
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAI	USED BY: DIATE CAUSE (a)	1 there s		roter Car	eles vo	seuler To		ONSET AND DEA
	Canditions, if any, w		R AS A CONSEQUENCE C	)F					
	gave rise to immed	iate / (b)	R AS A CONSEQUENCE C	VE.					
	lying cause last.		AS A CONSEQUENCE C	<b>/</b> F					
	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL OISEASE	OR CONDITION GIVEN IN PAR	T 1 (a).			
NO	Dial	eles me	eletus						
CERTIFICATION	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERA	ATION WA	S PERFORMED?	THE !	11-1-12	20. AUTO	PSY?
	X			HOLE.				YES	□ NO
CALCE	UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH P.A	M. MONTH DAY YEAR  M. 19		W INJURY OCCURRED	(ENTER NATURE	OF INJURY IN ITEM 18 PAR	ET I OR PART 2)	
MEDICAL	WHILE OF WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)	211. LOC ST	ATION REET	CITY	DR TOWN	COUNTY	STATE
	220. I certify that I taak c			Autopsy	, Inspection	, Inq	uiry , and i	in my apinian	
	death resulted fram:	latural causes X;	Accident . Suid	cide 🔲 "	Hamicide .	Undetermine	d manner,		
	ACTUAL SIGNATURE	CFKle.		M.I	Dole (SPECIEY)	MEDICAL E	XAMINER	DATE SIGNED 10	208
2	EXAMINER'S NAME (TYPE OR PRINT)	JOHN (	. Hyle	A	DDRESS 7527		in Pel B	all 5 2123	South
	BURIAL, CREMATION, REMOVA (SPECIEV) Cremation	23b. DATE 10-21-19	23c NAME OF CEM 80 Loudon		CREMATORY Crematory	23d. LOCATION OF TOWN	ltimore	Mary	and .
	FUNERAL DIRECTOR NAME CK Towson Fune	eral Home,	1050 Your Inc. Towson,			2 2 198		RARY	7



/	1	FOR - STATE REGISTRAR		DEPARIM	CERTIFICATE	AND MENTAL HYG OF DEATH	REG. N	2 4	4 /	8
10.0		CEASED NAME FIRST	MIDD	LE	LAST	7127 - 611	20. DATE OF DEATH		YEAR 2b	HOUR
44	(14)	John	Edwa	ril	Coniff		10/26/8	30		/
1	3. SI	X	4. RACE		5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24
100		Male	White	T10.F.1	7 6	1894	86	YRS.	HS DAYS H	OURS
e Ce	7a E	IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHA	AT COUNTRY?	8.	EVER MARRIED	9 BALTIMORE CITY C		DEATH	178
35		Maryland	USA		WIDOWED [	DIVORCED	Baltimor	e Count	v	
30	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	G HOME OR OTHE	RINSTITUTION	12a USUAL OCCUPATI	ION I	2h. KIND OF B	USINES
10		Towson	Manor (				Maintena Maintena	nce	Main	
3 6.50	USU 130.	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU		RESIDENCE BEFORE		SIDE CITY LIMITS?	13e STREET ADDRESS		Mar	ylaı
		Md. B	alto.		YES [		14 Tybu:	rn Cour	t, Tir	non
a une	14. F	ATHER'S NAME	MIDDLE	LAST		THER'S MAIDEN NA	ME MIDDLE		LAST	
80		Michael H	Patrick	Coniff	1	Mollie		unknow	/n	
nedicol	16a	WAS DECEASED EVER IN U.S. A		SOCIAL SECUR		ORMANT		ss Cocke		
E F		YES, NORUNKNOWN) (IF YES, G	2	16-16-5	5752A M	rs. Anna	E. Coniff,	8 Beeh	ive Co	ourt
giene prior to burial, cren shaws any injury, ar ather	CERTIFICATION	194 DATE OF OPERATION	(c)CONDITIONS CONT	OPD N FOR WHICH O	EATH BUT NOT RE	ERFORMED	Mil AUTOPSY?	IN CERTIFYING	RE FINDINGS CAUSES OF	
r 🛎		ON CONTRIBUTING CAUSE OF DE	the state of the s	MONTH DA	Y YEAR THE HE	OW INJURY OCCURS	RED (ENTER HATURE OF ROUGH	EL IN LEW IS LAST 1.1	DE PART 2)	
ē /	MEDICAL	THE INJURY OCCURRED	7 P.M.	NA III ARW	19	CATION		+ 1000 F		
\$ - F	ME	WHILE D NOT WHILE D		FACTORY, OFFICE FA	AM ETC)	CATION	CRY ON 10	whi	OUNTY	100
			ital attended the de	renated from		19	fo	19_	, that	0.913.5903
Health and Me is marked ar I		22s.1 certify that (1) (this hasp saw, the decrased alive or		10	and that it	Jeny) (pur) aminian i	fanth accurred on the de	ote and base and		161.3401
		22s. I certify that (I) (this hosp saw the deceased alive or above, (I) (we) as dual of 22s. SIGNATURE		r death. 19		(my) (our) opinion (	death occurred on the do			
them 21 is marked		saw the decreased alive or above, (II (we) 15 duel of		r death. 19	DEGREE	ATTENDING	MEDICAT STAF	4	12c DATE SIG	NED
Hem 21 is marked		saw the decreased alive or above, (II (we) 15 duel of	of the body offe	r death. 19	DEGREE	ATTENDING	gradus as the law	4		NED
Hem 21 is marked		sow the deceased alive or show. (I) (we) (FSH all or 778. SIGNATURE 27d. PHYSICIAN'S NAME TYPE	OR PRINT)		DEGREE 22e AD	ATTENDING PHYSICIAN D	MEDICAT STAT	TAN []	12c DATE SIG	NED
ept. of Health and Hem 21 is marked	23n	27d. PHYSICIAN'S NAME ITYPE ROBERT W. I.	ORPRINT)	D.	22e AC 57	ATTENDING PHYSICIAN DORESS W. Time	MEDICAL STANDING CO.	TAN []	12c DATE SIG	NED
Hem 21 is marked	230	sow the deceased alive or show. (I) (we) (FSH all or 778. SIGNATURE 27d. PHYSICIAN'S NAME TYPE	ORPRINT)	D. 23c N.	220 AC 57	ATTENDING PHYSICIAN D	MEDICAT STANDING CONTROL ON CITY OR LOWN	TAN []	DE DATE SIG	NED 8-V

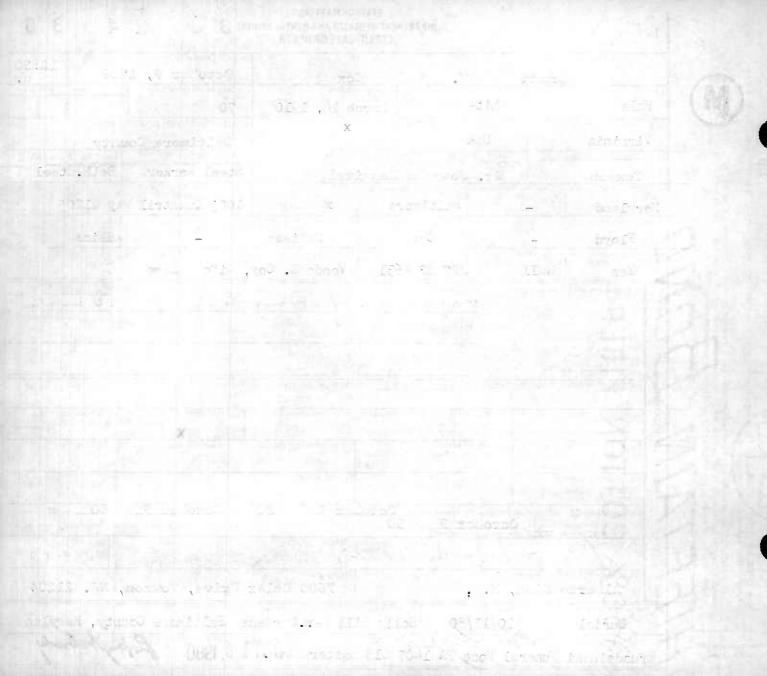


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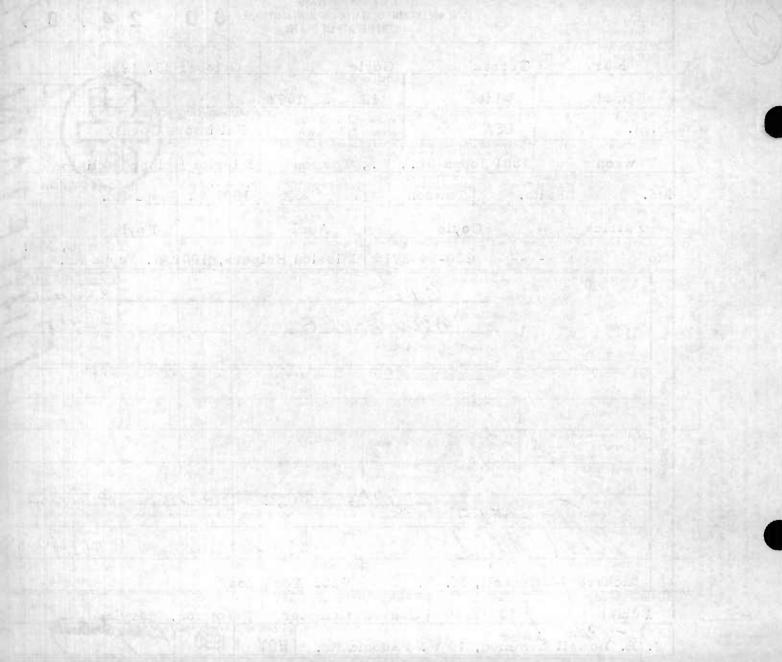
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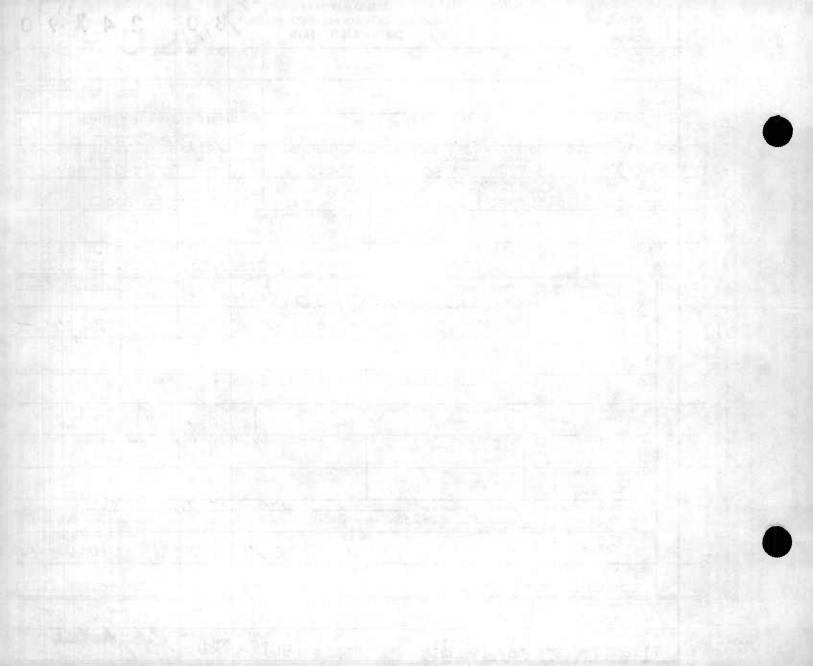
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10/	1500	1 05	REGISTRAR	FIRST		MIDDLE		ICATE OF D	EAIN	REG.		DAY YEAR	
1	~		CEASED NAME	FIRST					96	26. DATE OF DEATH		DAY YEAR	2b. HOUR
oy b	A.M.A	3. SE)	Mary		Teresa	L .	Coy			Octobe.		1980	M
E 4	PAR )	3. SE)			4 RACE		5. DATE C	OAY	YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
960		7 00	Female		White		12	2 5	1892	87	YRS		
4 11	8/17		RTHPLACE   STATE OR FO	DREIGN	USA	WHAT COUNTRY?	MARRIE	D NEVER M	AARRIED X	9 BALTIMORE CITY			
deo	10/		TY OR TOWN OF DEA	711		HOSPITAL, NURSIN	WIDOWE	D DA	ORCED	Baltimo		-	MD.
e le	500			IH	JIF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MO	ST OF WORKING	LIFE) INDUSTRY	F BUSINESS OR
21201 bours of the by	20		COWSON	NG HOME OF		oppa Rd.		, Tows	on	Mission	Helpe	er   Relig	ion
aND 21	135	13e. S M C	TATE	Balt	NTY	Towson	N	13d. INSIDE CI	ITY LIMITS?	130. STREET ADDRES	s Joppa	a Rd.	wson
RYL orthor	100	14. FA	THER'S NAME FIRST		WIDDIE	LAST			MAIDEN NAA			LAS	
MA ed v	0:30		Patrick			Coyle			ina		Вс	oyle	Ad
ORE,	medicol	16a. W	(AS DECEASED EVER I ES. NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17. INFORMAL			DRESS	Towso	n, Md.
IIMC	ne l	No	ETERTS	-		220-54-2	2915	Missi	on Hel	pers, 100	1 W.		
BAL)	or, the		18 CAUSE OF DEATH PART I. DEATH W	(Enter or	nly ane cause per	line far (a), (b), and	d (c).)	GR G				BETWEEN	MATE INTERVAL ONSET AND DEATH
ST.,	even				TE CAUSE (a)	CH	F		1014	HE SEE SHEE		V 20	1945
on the corbine corb	notic		4292		DUE TO, O	R AS A CONSEQUE	NCE OF		n			3 67	100
PRESTON he death co he attendin	roun		Canditions, if ony, gove rise to imm	which	(b)_	1130	UD		3.5		443	100	113
that the by the	cremo	8	cause (o), stating underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF						
201 es the	riol, cr , or oth		PART 2 OTHER SIGN	EIC ANIT	(c)	ONITRIBUTING TO F	SEATH BUIL	NOT PELATED	TO THE TERM	SNALDISEASE OF CO	DIDITION	WENT IN DART 1/2	
DS, quire sign	to be	NO	PART 2 OTTER SIGN	HICKIAL	CONDITIONS <u>CC</u>	SIAIKIBOTIAO IO L	ZEAITI BUT	NOT KELATED	TO THE TERM	INAL DISEASE OR CC	NADITIOIA G	SIVEN IN PART III	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir t offending physicion. (fler this certificate board signs on the buriol-tronsit permit. Then	prior	CERTIFICATION	190. DATE OF OPERAT	ION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20s AUTOPSY?	20b. IF Y	YES, WERE FINDIN	√GS USED
L RE lo on. hos los los los los los los los los los l	9 ms	TIFIC			7					YES TI NOT		TIFYING CAUSES	OF DEATH?
VITA Vsicie vsicie onsid	Hygi Hygi Hygi Hygi	CER	210. ACCIDENT WAS UND	_	21b. TIME O			21c. HOW IN.	JURY OCCURR	ED (ENTER NATURE OF II	JURY IN ITEM 1	8 PART I OR PART 2)	
OF OF Physical Clay	em }		OR CONTRIBUTING C		AIR	m, month da m.	YEAR						
HYS Inding	or It	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		211. LOCATIO	N	C1TY OR	TOWN	COUNTY	STATE
IVIS d P offer s the	olth ond morked	×	WHILE NOT WHI	LE 🗆	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM ETC )	SIRECT		2	10	Can	STATE
ADIA Por Af	s mo		220.1 certify that (1)			e deceased from_	127	3	, 19 /6	_, to [0]	23	. 19 60	that (I) (we) last
prito prito for the	21 i		sow the decease obave, (1) (we) (d	d affive on	ot view the body	offer death.	. or	d that in (my)	(our) opinion o	deoth accurred on the	date and h	laur and from the	causes stated
DR A hos	ltem		226. SIGNATURE	11	10/1	1		DEGREE		/	, Ment	22c. DATE	SIGNED
Al Al Gato	ote D		1 Sul	ul	141	11.		A F	TTENDING PHYSICIAN	MEDICAL S'	SICIAN [	11/3	3/80
HOSPITAL ned by 1	STAN STAN	3.4	22d PHYSICIAN'S NA		/ 01-		200	22e. ADDRESS	S		SINE		
O HO etained TO FUI	with the Stote		Richard	Maf	fezzoli,	M. D.		1205	York	Road			
5554	3 <		URIAL, CREMATION, F	REMOVAL			NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION	C - Sm-	COUNTY	- * «STATE
4907 BP			Burisl/	11	10/25	5/80 C	onver	t Cem		Towso	n, Ma	ryland	, some
DHMH-16 30M		24. FU	A when I Helle	1.04	more	ADDRESS			1000	REC'D. BY REGISTR.	AR 25 SEC	My MOS	medy
(VRA 15, 4)	)	J	E. Lowe	ILE	emmon,	10 W. I	ador	ia Rd.	NOV	6 1980		/	

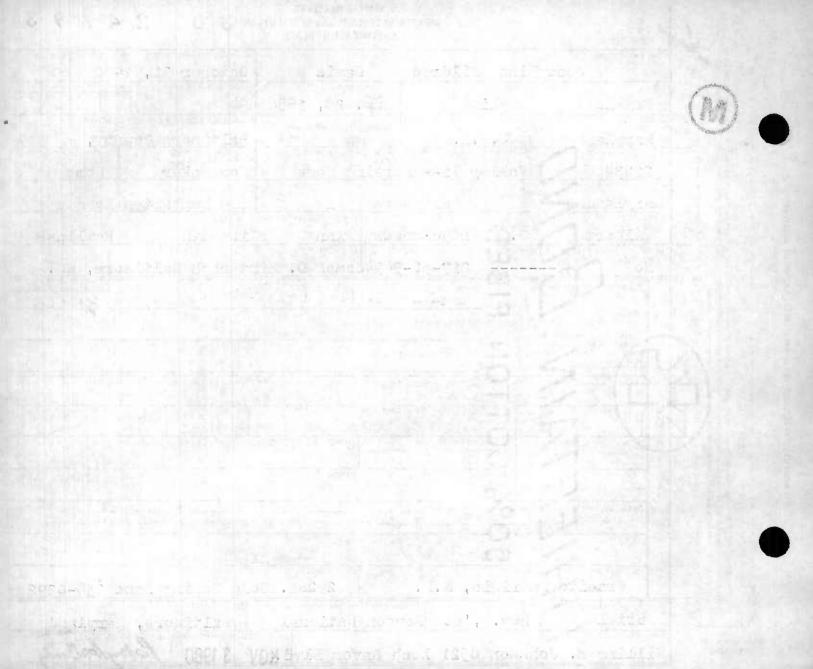


243		FOR		DEPARTA		OF MARYLAND EALTH AND MENTAL HY	CIENT O O	0		1 0	-
	1	STATE REGISTRAR		DET ARTA		CATE OF DEATH	REG. N	10	4 /	9	L
11.78		CEASED NAME FIRST		MIDDLE	U	AST			DAY YEAR	2b. HOUR	
may be page 3 r death	(TYPE	Walte:	r	E.	Cı	coss		10	22 80	-	
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hour hour	7e. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	& AAADDIE	NEVER MARRIED	1 BALTIMORE CITY	OR COUNTY	OF DEATH		
funeral in 72 h		ew York	U.S	.A.	WIDOWE			re Co	unty		,
the with		TY OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE	E) INDUSTRY	OF BUSINES	SC
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e be exe		YES, NO OR UNKNOWN] (IF YES, GI	VE WAR OR DATES)	215-09-		Edmund W.					
icate ers. F val.		18 CAUSE OF DEATH (Enter of	nly one couse per	<del></del>			2			MATE INTERV	
phy pap emo		PART I. DEATH WAS CAUS	ED BY	Doghi	and	on Soil	well			2000 7000	
th co ding bon or re		49b	TE CAUSE (a)	A Griffin	1 15000						
ttenc ttenc car ion, trau		Conditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	COPA			20	gers	- 100
the at		gave rise to immediate	(b)	30,0		1.010.		- 7		0	_
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ING endi: vfter the b and	¥	WHILE NOT WHILE D	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STA	E
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₩ BP	A	Burial	10/25	0/80  Oa	k La	wn Cemeter	y	Balt	imore	Mary	Z
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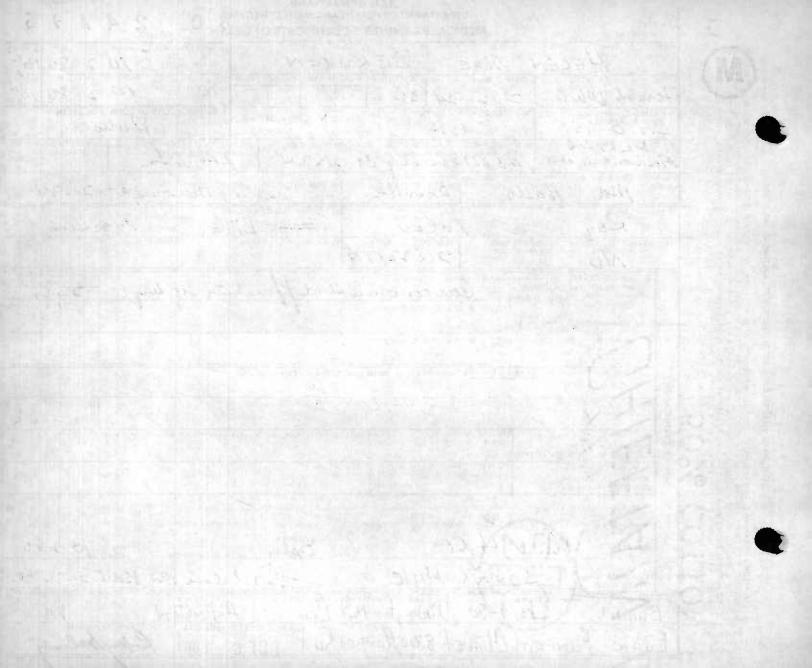
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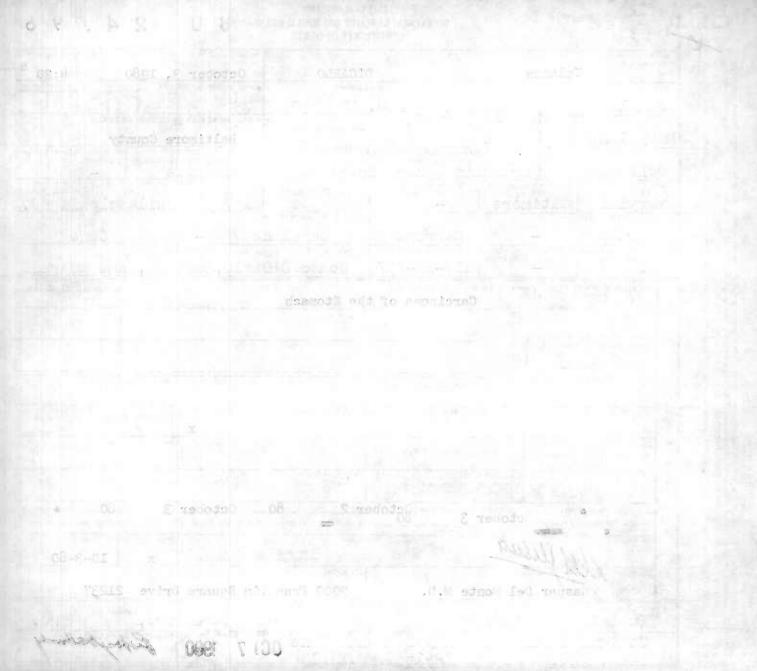


6	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 0	24194
noy be poge 3		OR PRINT	RTHA	MIDDLE S.	L	DAVIS	20 DATE OF DEATH MONTH	2 80 7:0AM
4 4	3. SE	Female	4 RACE Wh	ite	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
death. Page funeral presti	₹a. B	RTHPLACE (STATE OR FOREK OUNTRY) Md .	76 CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	Baltimore Cou	
ofter ofter of wit		Y OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSING PACILITY, GIVE STREET HOS	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Ret Owner	126 KIND OF BUSINESS OR INDUSTRY  Real Estate
212 d in be if	USU 13a	AL RESIDENCE (IF NURSING STATE Md 136	HOME OR OTHER INSTITUTION COUNTY  Balto	ROUGELS	Forge	13d INSIDE CITY LIMITS? YES NO 🔀	136 STREET ADDRESS 184 S	tanmore Rd.
BALTIMORE, MARYLAND cote be executed within 24 systeian and campletely filler opers. Pages 1 and 2 should wol. it, the medical examiner mys	14 F/	THER'S NAME FIRST Henry L	MIDDLE	Stanford	i	15. MOTHER'S MAIDEN NAME FIRST Marion		Walker
ALTIMORE, le be execut cian and ca rers. Pages 1 J. the medical		VAS DECEASED EVER IN ( YES, NO OR UNKNOWN) (IF	U.S. ARMED FORCES? YES, GIVE WAR OR DATES)	218 18 (		E. William D	Paris Same	
RDS, 201 W. PRESTON ST., BA equires that the deoth certifical in signed by the attending phys. Then please remove corbanpop to burial, cremation, or removo injury, or other troumotic event,	Z	Conditions, if ony, will gove rise to immedicate (a), stoting underlying cause	DUE TO, O bich the bost (c) (c)	R AS A CONSEQUI	ENCE OF	not related to the term	perforation INAL DISEASE OR CONDITION	18 days.
PHYSICIAN: The low reading physician.  This certificate has bee the buriol-transit permit.  Ind Mental Hygiene prior and Mental Hygiene prior dor litem 18 shows any	MEDICAL CERTIFICATION	190 DATE OF OPERATION  1-13 *80 9-2  210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICALE X  21d, INJURY OCCURRED  WHILE ATWORK ATWORK ATWORK	YING TO Product Thouse A HOUR A.  (AMINER) P.	pred nectu	M ; B	N WAS PERFORMED  THE CONTROL OF THE	YES NOM IN CE	EYES, WERE FINDINGS USED RITIFYING CAUSES OF DEATH? YES NO NO NO. 118, PART   OR PART 2]  COUNTY STATE
DIVIOR HOSPITAL OR ATTENDING etained by the hospital or off to FUNERAL DIRECTOR: After should be detached for use as 1 with the State Dept. of Health o		22a. I certify that (1) (this saw the deceased a above, \$4 (we) (did) 22b. SIGNATURE  DR. B. VELO 22d. PHYSICIAN'S NAME  ARMAND C	Dive on 10- (NOTE ) view the body  EZ   ARK			d that in (My) (our) opinion of the company of the	MEDICAL STAFF DIRECTOR PHYSICIAN	hour and from the causes stated  221. DATE SIGNED  10-2-80.
BP	23a (	BURIAL, CREMATION, REA SPECIFYI Burial	MOVAL 236. DATE	23c. 1		EMETERY OR CREMATORY Ridge Cemete	23d. LOCATION	Balto Md.
DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR NAME itchell-Wied	defeld Home	ADDRESS 2 6500 You	rk Rd	250.047	FREED. BY REGISTRAR 256 SEC	CISTBAR'S SUGNATURE

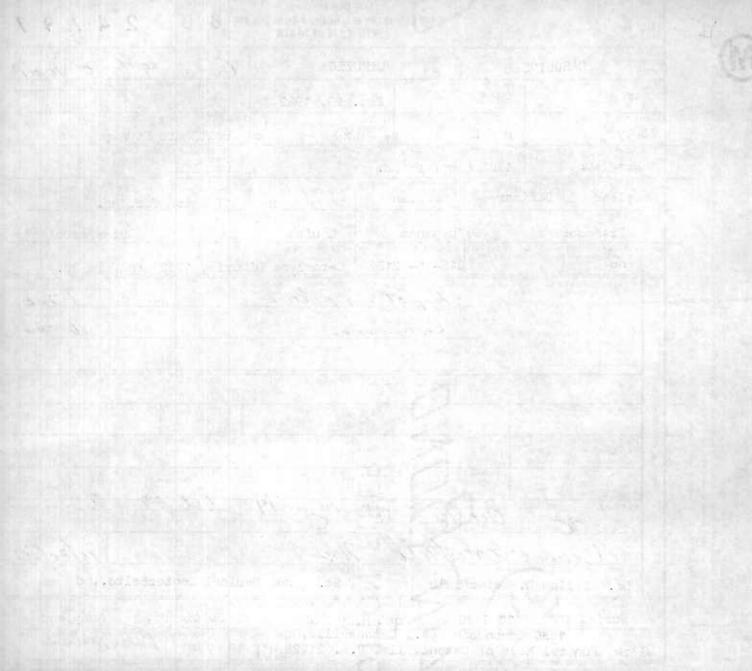
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	1	STATE OF MARYLAND	
2	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEND AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO.	195
(M)		PECEASED NAME PRIST MIDDLE DEROLEN 20. DATE KNOWN DONNIH DO OF ESTI- DEATH MATED 10 10	2 1980 16'S
10000	3. SE	emul White 2 6 24 5 yrs. MONTHS DAYS HOURS MIN PRONOUNCED 10 7	24 YEAR 24 HOUR 1980 10 M
HECESS FOR WITHIN	2 70.8	BIRTHPLACE (STATE OR The CITY OF WHAT COUNTRY?  BARRIED NEVER MARRIED OF WHAT COUNTRY?  WIDOWED DIVORCED OF BALTIMORE CITY OF COUNTRY?  BUILD	Co- MD.
OBELAY IS 3 TO THE NIN PAGE D BE FILED	10. C	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOTIN SCHEDULY, GIVE STREET ADDRESS)  (IF NOTIN SCHEDULY, GIVE STREET ADDRESS)  (IF NOTING CHECKING HER)  (IF NO	OR INDUSTRY
F AND RETAIN RECO	13a, S	JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE Med 13b. COUNTY 13c. STREET-ADDRESS YES \( \sqrt{NOR} \) 13c. STREET-ADDRESS YES \( \sqrt{NOR} \) 13c. STREET-ADDRESS YES \( \sqrt{NOR} \) 13c. STREET-ADDRESS	21234
DEATH. DEATH. M.M. PM. AND 2 OFWITAL		FATHER'S NAME FIRST KOY  MIDDLE  TO CON  15. MOTHER'S MAIDEN NAME FIRST  MIDDLE  Life  MIDDLE  MIDDLE  Life  MIDDLE	Kens
BALTIMORE,  UNS AFTER DE  B. GIVE PAGES  WITH FORM  DIVISION OF	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNINDOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  2.15.22.1774	
W. PRESTON ST.,  W. PRESTON ST.,  WITHIN 24 HOU  WINER ALONG V.  TRANSIT PERMIT.  FINTAL HYGIENE, E  REMOVAL.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF but to immediate couse (a) stating the underlying couse lost.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	NO	(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
₹ 250030	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	0. AUTOPSY?  YES NO R
CERTIFICATE SH TIME THE WORN TIME THE WORN THE C 3 SHOULD BE DEPARTMENT OF			
MA A A A A A A A A A A A A A A A A A A	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY	STATE
XAMINEE CERTIFICA ILD BE FO WIRT THE ARYLAND,		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinio death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined monner ,  ACTUAL SIGNATURE , M.D. DELLY MEDICAL EXAMINER SIGNED.	10-2-80
TO MEDICAL E EXECUTE THE OF PAGE 4 SHOUN TO FUNERAL I AFTER DEATH,	4	EXAMINERES NAME) SOHNC. Hyle ADDRESS 7527 Bilair Pol Balto	2136 ml
4914BP	L	BURIAL HEMATOR HADVAL 236. DATE 236. NAME OF CEMETERY OF CRANATORY COUNTY COUNTY PROTON COUNTY PROTON	VATE
DHMH - 17 (VR A15 ME (5)) 15M7/77	É	EUNERAL DIRECTOR 256. REGISTRAR'S SIGN NAME NAME NAME NAME NAME NAME NAME NAM	Rechardy





a) F	1.	FOR STATE REGISTRAR			DEF		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	2 4	4 7	9 7
(M)		CEASED NAME E OR PRINT) CAF	FIRST		MIDDLE	DiM	JZIO	Oct.	ag th	PEAR S	10:00 PM
ge 4 mg ector, pe rs off	3. SE	x Female		4 RACE White		5. DATE O	5 BIRTH 1902 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
eath. Pog nneral dira		IRTHPLACE (STATE OR FO	OREIGN	76. CITIZEN O	F WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY O	OR COUNTY OF		MD.
by the fullified with	10 C	Woodlawn	ATH		HOSPITAL, N JCH FACILITY, GIVE Langfor		DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEwife	ION		BUSINESSOR
filled in nould be remarked	130 130 Ma	AL RESIDENCE (IF NURS STATE Aryland	13h COUN Balti	OTHER INSTITUTION TY	134 CITY OF	E BEFORE ADMISSION) TOWN Lawn	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	gford Ro	d.	
MARYLAND red within 24 ond 2 should exchiner may	14 F.	Frances	00	MIDDLE	eFulger	nts	15. MOTHER'S MAIDEN N. FIRST LOUISE		nite ile v	Berard	0
BALTIMORE, one be execut one be execut oners. Pages I val. t, the medical		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL 215-01	SECURITY NO. 1-8215	Carmelena D	ADDR DiMuzio, 170			
400		18 CAUSE OF DEAT PART I. DEATH W		ly one cause po D BY. E CAUSE (0)_	er line for (o), (	ondic.	Facluse			BETWEEN ON	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  ING PHYSICIAN: The law requires that the death certific and the physician.  After this certificate has been signed by the attending pass the burial-transit permit. Then please remove corban th and Mental Hygiene prior to burial, cremation, or remorked or then 18 shows any injury, or ather traumatic ewared.		Conditions, if only, gove rise to imm couse (a), statin underlying couse	ng the	(b)_	1)	SEQUENCE OF	na			16	The
RDS, 201 and signed by Then pleas to buriel, injury, or an anique, and anique, anique, and anique, aniqu	NO			ONDITIONS C	CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE OR CON	idition given i	N PART 1(0)	
At RECOL	CERTIFICATION	19a. DATE OF OPERA	TION	196 CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WIN CERTIFYING	G CAUSES C	GS USED OF DEATH?
JOF VIT.  SICIAN: 1 ng physic certificate rial-trans ental Hyg ltem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEA	TH HOUR	of injury a.m. month p.m.	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
OIVISION  NG PHYS  offer this of the but the b	MEDICAL	21d INJURY OCCURE WHILE AT WORK NOT WE AT WORK	RED HILE		OF INJURY TREET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN (	COUNTY	STATE
ATTENDI spitol or CTOR: A d for use . of Heali n 21 is mu		22a.l certify that (1)	live on		15	19_10,00	nd that is (my) (our) opinion	n death occurred on the d	ate and hour on	d from the co	
MALOR by the hor detached detached that DIRE		22b. SHONAL HE	com (	cloud	lufu	W.		MEDICAL STA	FF CIAN []	10/3	to/Se
TO FUNE should be with the S		Dr. Will	iam C	. Water	field			Medical Cent	erBalto	.,Md	/
0/3 BP	-01	BURIAL, CREMATION, SPECIFY BURIAL		23b. DATE 11/3/	30	Most Ho	emetery o <b>k enemater</b> Dly Rodeemor	Baltimo	re,	Maryla	and
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR	1630 ral H	Ldmonds ome of	Catons	ss, Laton Ville, P	SVIIIe, Md 250. DA .A. 21228 0 C	TE REC'D, BY REGISTRAR	25b GISTRAR	S NEW U	RE



NAME:

Daniel H. D'Sesa

DATE OF DEATH:

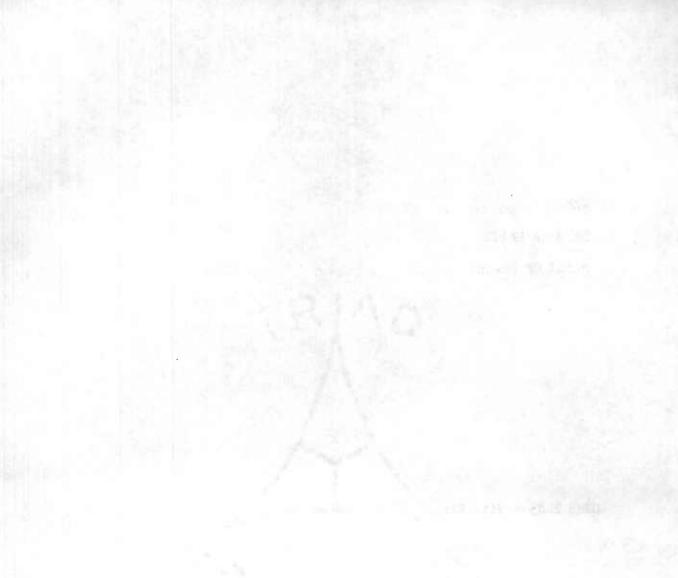
October 3, 1980

PLACE OF DEATH:

Baltimore County

SEE:

#80-25318 Baltimore City



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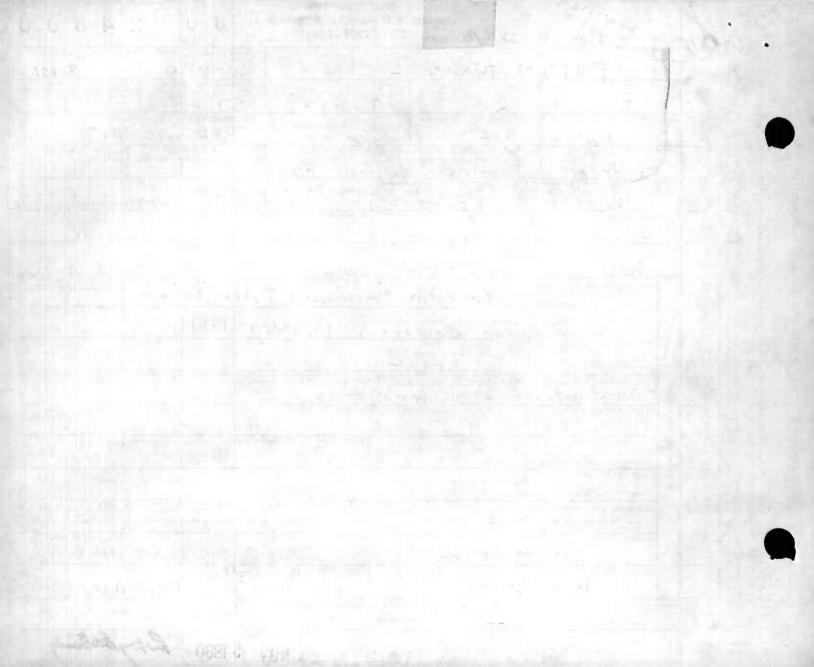
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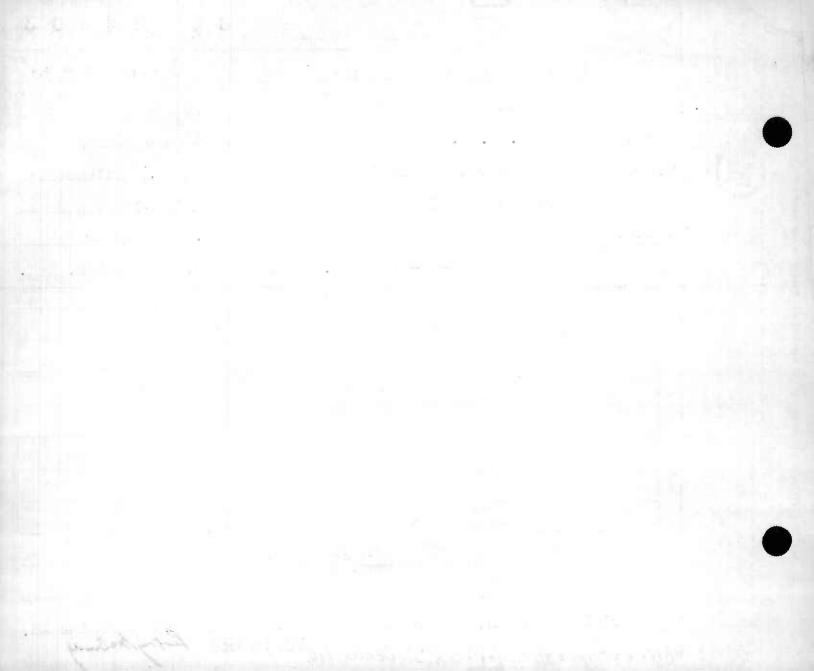
COUNTRY)  LITY OR TOWN OF DEATH  LAL RESIDENCE (IF NURSING HOME OR STATE  FATHER'S NAME FREST  FREST  WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN)  (IF YES, GIVE	MIDDLE  MIDDLE	S DATE OF MONTH OF MONTH OF TADDRESS ON TA	BIRTH  DAY  VEAR  SOLUTION  DEVER MARRIED  DIVORCED  DIVORCED	REG. NC  20. DATE OF DEATH  10-31-8  6. AGE (IN YEARS LAST BRTH  57  9. BALTIMORE CITY OF  BALTIMORE CITY OF  120. USUAL OCCUPATION  1170. USUAL OCCUP	HDAY)  F UNDER 1 YEAR  MONTHS DAY  YRS.  R COUNTY OF DEATH  ON  126. KIND	O OF BUSINESS O
ECEASED NAME FE OR PRINT)  BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CITY OR TOWN OF DEATH  LAL RESIDENCE (IF NURSING HOME OR STATE FATHER'S NAME FRIST  COVOL  WAS DECEASED EVER IN U.S. AR (YES, NO OR UNIKNOWN)  [IF YES, GIVE	MIDDLE  A RACE  A RACE	S DATE OF MONTH WIDOWED NG HOME OR T ADDRESS)  RE ADMISSION)  WRITY NO.	BIRTH  BY  BY  BOY  WEVER MARRIED  DIVORCED  OTHER INSTITUTION  HOSP  134 INSIDE CITY LIMITS?  YES NO  15. MOTHER'S MAIDEN NA  FIRST  MAZIL	20. DATE OF DEATH  10-31-8  6. AGE (IN YEARS LAST BIRTH  57  9. BALTIMORE CITY OF  120. USUAL OCCUPATION  1170 USUAL OCCUPATION  1170 OF WORK FOR MOST OF  1130. STREET ADDRESS  2121  ME  MIDDLE	MONTH DAY YEAR  O  HOAY)  F UNDER 1 YEAR  MONTHS  OAY  YRS.  R COUNTY OF DEATH  OOV  WORKING LIFE)  INDUSTR	8-051 AR HUNDER 24 HR: (5 HOURS MIN  OF BUSINESS O
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CITY OR TOWN OF DEATH  BAHD.  UAL RESIDENCE (IF NURSING HOME OR STATE  FATHER'S NAME FRIST  GROUPE  WAS DECEASED EVER IN U.S. AR. (YES, NOOR UNKNOWN)  (IF YES, GIVE	A RACE  22  76 CITIZEN OF WHAT COUNTRY  USA  11. NAME OF HOSPITAL, NURSI  12. OTHER INSTITUTION, GWE RESIDENCE BEFO  11. NAMED FORCES?  11. NAME OF HOSPITAL, NURSI  12. OTHER INSTITUTION, GWE RESIDENCE BEFO  13. OTHER INSTITUTION, GWE RESIDENCE BEFO  14. OTHER INSTITUTION, GWE RESIDENCE  15. OTHER INSTITUTION, GWE RESIDENCE  16. OTHER INSTITUTION, GWE RESIDENCE  17. OTHER INSTITUTION, GWE RESIDENCE  18. OTHER INSTITUTION, GWE RESIDENCE  19. OTHER INSTITUTION, GW	MONTH  READNESS)  MREADNESS)  WIN ITY NO.	DAY VEAR  OF OFFICE OF THE PROOF OF THE PROO	6. AGE (IN YEARS LAST BIRTH  57  9. BALTIMORE CITY OF  170 USUAL OCCUPATION  117PE OF WORK FOR MOST OF  1130. STREET ADDRESS  2121  ME  MIDDLE	R COUNTY OF DEATH  ON 126 KIND  VRS. 126 KIND  ON 126 KIND  VOORKING LIFE) INDUSTR	8-051 AR HUNDER 24 HR (5 HOURS MIN CO OF BUSINESS CO RY
BIRTHPLACE (STATE OR FOREIGN COUNTRY)  CITY OR TOWN OF DEATH  BAHD.  UAL RESIDENCE (IF NURSING HOME OR STATE  FATHER'S NAME FIRST  GROUPE  WAS DECEASED EVER IN U.S. AR. (YES, NOOR UNKNOWN)  (IF YES, GME	A RACE  22  76 CITIZEN OF WHAT COUNTRY  USA  11. NAME OF HOSPITAL, NURSI  12. OTHER INSTITUTION, GWE RESIDENCE BEFO  11. NAMED FORCES?  11. NAME OF HOSPITAL, NURSI  12. OTHER INSTITUTION, GWE RESIDENCE BEFO  13. OTHER INSTITUTION, GWE RESIDENCE BEFO  14. OTHER INSTITUTION, GWE RESIDENCE  15. OTHER INSTITUTION, GWE RESIDENCE  16. OTHER INSTITUTION, GWE RESIDENCE  17. OTHER INSTITUTION, GWE RESIDENCE  18. OTHER INSTITUTION, GWE RESIDENCE  19. OTHER INSTITUTION, GW	MONTH  READNESS)  MREADNESS)  WIN ITY NO.	DAY VEAR  OF OFFICE OF THE PROOF OF THE PROO	6. AGE (IN YEARS LAST BIRTH  57  9. BALTIMORE CITY OF  170 USUAL OCCUPATION  117PE OF WORK FOR MOST OF  1130. STREET ADDRESS  2121  ME  MIDDLE	R COUNTY OF DEATH  ON 126 KIND  VRS. 126 KIND  ON 126 KIND  VOORKING LIFE) INDUSTR	OF BUSINESS C
CITY OR TOWN OF DEATH  LAL RESIDENCE (IF NURSING HOME OR STATE  FATHER'S NAME FRIST  COVOL  WAS DECEASED EVER IN U.S. AR. (YES, NOOR UNKNOWN)  [IF YES, GIVE	11. NAME OF HOSPITAL, NURSI  IF MOT IN SUCH FACILITY, GIVE STREE  BA H MOYE  OTHER INSTITUTION, GIVE RESIDENCE BEFO  ITY  BA HO  MODLE  LAST  MED FORCES? IMAR OR DATES)	READMISSION)  WITH NO.	NEVER MARRIED DO DIVORCED DIVO	BAHIN 128 USUAL OCCUPATION 11TYPE OF WORK FOR MOST OF 138. STREET ADDRESS 2121 W ME MIDDLE	YRS.  R COUNTY OF DEATH  MOVE OF #  ON 126 KIND  F WORKING LIFE INDUSTR  LINCOLO GA	OF BUSINESS C Proden La
CITY OR TOWN OF DEATH  LAL RESIDENCE (IF NURSING HOME OR STATE  FATHER'S NAME FRIST  COVOL  WAS DECEASED EVER IN U.S. AR. (YES, NOOR UNKNOWN)  [IF YES, GIVE	11. NAME OF HOSPITAL, NURSI  IF MOT IN SUCH FACILITY, GIVE STREE  BA H MOYE  OTHER INSTITUTION, GIVE RESIDENCE BEFO  ITY  BA HO  MODLE  LAST  MED FORCES? IMAR OR DATES)	MARRIED WIDOWED NG HOME OR T ADDRESS) RE ADMISSION) WN URITY NO.	DIMORCED DIVORCED TO THE PROPERTY OF THE PROPE	BAHIN 128 USUAL OCCUPATION 11TYPE OF WORK FOR MOST OF 138. STREET ADDRESS 2121 W ME MIDDLE	nore att	O OF BUSINESS C
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HALRESIDENCE (IF NURSING HOME OR STATE  FATHER'S NAME  FROST  WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN)  [IF YES, GWE	OTHER INSTITUTION, GIVE ESIDENCE BEFOUND IN TO MEDICAL MARCH COLLEGE C	T ADDRESS)  O - ( RE ADMISSION)  NN  URITY NO.	Jen Hosp.  13d. Inside City Limits?  YES D NO D  15. MOTHER'S MAIDEN NA  FIRST  MAZIE	13a. STREET ADDRESS  ME  MIDDLE	indsor Ga	erden La
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WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC	URITY NO.		10000	Speec	-10
(YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		17 INFORMANT		66	26
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12 CALISE OF DEATH JENIAL OR		595	Racquel Sr	noth 390	17 Essex	Rdi
BART I DEATH MAS CALISE	ly one couse per line for (o), (b), o	nd iciler	The fram with	arrest	TO BETWEE	OXIMATE INTERVAL EN ONSET AND DEA
		1 1m	ictaturis c	detrum	na	
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Conditions, it any, which	( (b) Cat	- tia	1 30 (00	17 Jepire	_	
cause (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
underlying cause lost	10 8/0	u.				
Δ.		DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN IN PART	1101
			- 1 / -			
196 DATE OF OPERATION	196 CONDITION FOR WHICE	+ OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI IN CERTIFYING CAUS	
				YES NO D	YES 🗌	NO 🗆
		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I OR PART 2	?)
LIF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
AT WORK AT WORK						
		10 -	30 19 80	) · to 10 - 3	1- 19 80	_, that (1) (we)
sow the deceased alive on obove. (1) (we) (did) (did not	1) view the body ofter death.	, ond	d that in (my) (our) opinion	death occurred on the da	te and haur and from t	he causes stated
226. SIGNATURE		D	EGREE			TE SIGNED
12.	m: Shah		ATTENDING PHYSICIAN [	MEDICAL STAF	IAN 10-	31 80
224. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS 3 . (	G=11.		
R.M.	SHAH		012 614	A RO	MOALL	570M
BURIAL CREMATION REMOVAL		NAME OF CE	<u> </u>	123d. LOCATION		
(SPECIFY)	0			CITY OR TOWN	M Allive	STATE
	122/30/00 1	CIT VIC				
	Conditions, it ony, which gove rise to immediate cause iot, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR AS A CONSEQUENCE TO IMMEDIATE CAUSE (a)  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CHAPTER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO CHAPTER SIGNIFICANT CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTING TO CHAPTER SIGNIFICANT CONTRIBUTIONS	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause ial, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  190 DATE OF OPERATION  190 CONTRIBUTING CAUSE OF DEATH IF ETHER, NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED WHILE NOT WHILE AT WORK  21e PLACE OF INJURY  17e Letrify that (I) (this hospital) attended the deceased from sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death.  21d PHYSICIAN'S NAME (TYPE OR PRINT)  BURIAL, CREMATION, REMOVAL 12/18/280  12/18/280	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HIF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  120 PLACE OF INJURY 14 PLACE OF INJURY 15 PLACE OF INJURY 16 PLACE OF INJURY 17 PLACE OF INJURY 18 PLACE OF INJURY 19 ON CONTRIBUTION	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate cause 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND  THE DATE OF OPERATION  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 FEITHER, MOTEY MEDICAL EXAMINER)  216 MINJURY OCCURRED  216 PLACE OF INJURY AT WORK  AT WORK  NOT WHILE AT WORK  10 STREET, FACTORY, OFFICE, FARM, ETC.)  217 LOCATION  SIREET  CITY OR TOW  SIREET  CITY OR TOW  SIREET  CITY OR TOW  DEGREE  ATTENDING MEDICAL  STAF PHYSICIAN'S NAME (IYPE OR PRINT)  DEGREE  ATTENDING MEDICAL  STAF PHYSICIAN'S NAME (IYPE OR PRINT)  PURIAL CREMATION, REMOVAL  218 DATE REC'D. BY REGISTRAR  ADDRESS  126 DATE REC'D. BY REGISTRAR  ADDRESS  127 DATE REC'D. BY REGISTRAR  ADDRESS  128 DATE REC'D. BY REGISTRAR  129 DATE REC'D. BY REGISTRAR  129 DATE REC'D. BY REGISTRAR	DUE TO, OR AS A CONSEQUENCE OF CONDITION, If any, which gove rise to immediate cause i.o., stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF LOST OF CONDITION OF THE CONDITION OF TH

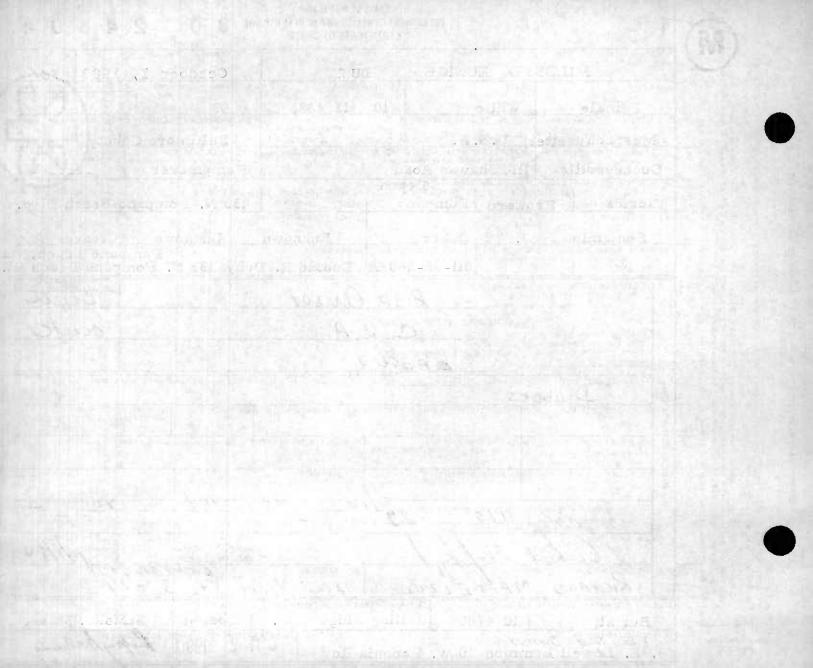


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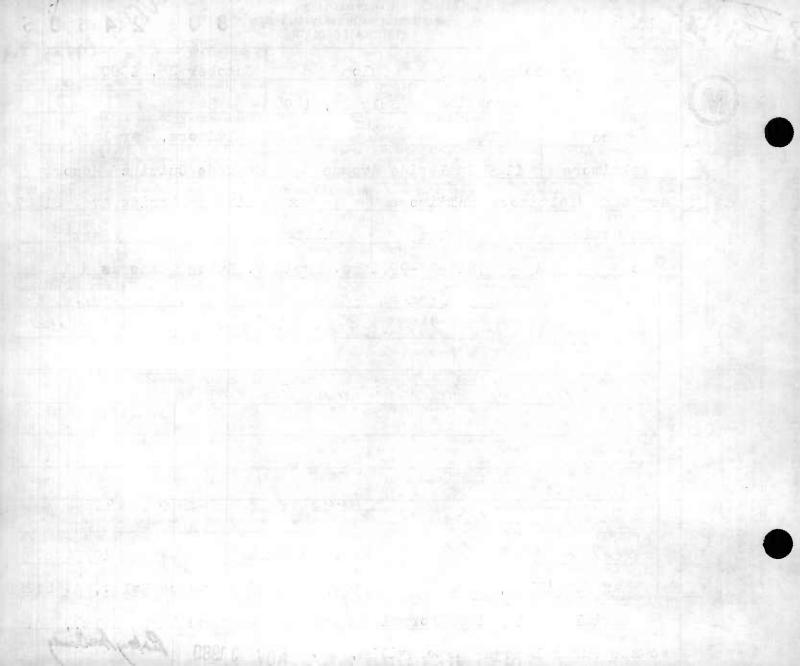
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST DATE KNOWN (TYPE OR PRINT) NELLIE DROHAN В. DEATH MATE 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCE W. NOV. 4,1898 F. DEAD YRS b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MARYLAND USA WIDOWEDXIX DIVORCED BALTIMORE COUNTY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE)
SECRETARY OR INDUSTRY NIGHTINGALE WAY 21093 LUTHERVILLE OFFICE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NOW 11 NIGH. MD. BALTIMORE LUTHERVILLE NIGHTINGALE WAY 21093 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME STATO MIDDLE LAST MATILDA THOMAS WILLIAM AYERS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) NO 214-03-5743 11 NIGHTINGALE WAY 21093 MRS. MURRAY SCOTT CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). WEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 O BURIAL, YES | 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK Inspection 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted from: Natural causes Homicide Undetermined monner SPECIFY GE 4 SHOU FUNERAL D TER DEATH, ' EXAMINER'S NAME AFTER (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURIAL 1980 CEDAR HILL CEM. BROOKLYN BALTO. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** /R A15 ME (5)) MITCHELL-WIEDEFELD HOME 6500 YORK RD. 15M 7/77

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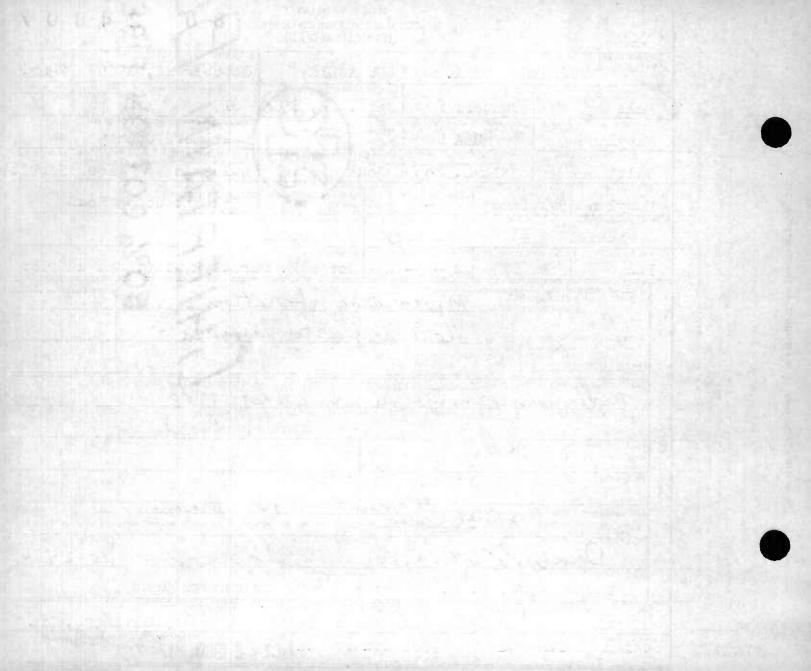
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P	11.	REGISTRAR					ICATE OF DEATH		REG. N	10.	6 4	2 0
		CEASED NAME F	FIRST		MIDDLE		AST	2n (		MONTH	DAY YEAR	26. HOUR
	107		ranco	ois	(NMN)	Du	alom	0	ctober	28.	1980	
1	3. SE	X	4.5	RACE		S. DATE O			GE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	# UNDER 24
)		Male		Cauc	asian	Jul	0	6	84	YRS.	MONTHS DAYS	HOURS
1		RTHPLACE (STATE OR FOREK	IGN 7b	CITIZEN	WHAT COUNT	RY?	D NEVER MARRIED	O 9 B	ALTIMORE CITY	OR COUNT	Y OF DEATH	
II		France			ISA	WIDOWI	DI DIVORCED		<u>Baltimor</u>			
2 0 0	10 C	ITY OR TOWN OF DEATH		(IF NOT IN SI	CH FACILITY, GIVE ST		OR OTHER INSTITUTION		USUAL OCCUPAT		12b. KIND C	OF BUSINESS
26		Baltimore		1129		side A	venue		nef de (			sort
36	USU 13a		<b>LOUNTY</b>		13c CITY OR T	OWN	134 INSIDE CITY LIMITS		STREET ADDRESS			
10			Balti	more	Balti	more	YES NO 🔀	1	129 Ing	glesi	de Ave	217
-	14. E	ATHER'S NAME	MIDD	DIE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LAS	ST
31		Augustin			Dulo		Eliza				Bar	th
1		WAS DECEASED EVER IN YES, NO OR UNKNOWN) (IF	U.S. ARME		166 SOCIALS		17 INFORMANT		ADDR	ESS		
1		No	N/A	180	217-0	9-7981	Mrs. Luci	a V.	Dulom	Sam	e as #	
		18 CAUSE OF DEATH			er line far (a), (b)	, and (c). I	1 1	ſ.		M-7-11	BETWEEN	ONSET AND DE
2		PART I. DEATH WAS	MEDIATE C		Co	rormy	Throingesi	//			umh	vedo
		4100		DUE TO.	OR AS A CONSE	QUENCE OF	2 7- 11	1.1			12,	
5		Conditions, if ony, w		(b)_	10	5 feros	cleritis 16	W l	2) core		109	leas
other		gave rise to immed cause (a), stating	liote The	DUE TO	OR AS A CONSE	QUENCE OF						
5		underlying cause	last	(c)_								
	Z	PART 2 OTHER SIGNIFI	ICANT CON	NDITIONS O	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE I	ERMINAL	DISEASE OR CON	IDITION GI	IVEN IN PART )	01
200	ATK	19g DATE OF OPERATION	N N	196 CON	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	120	Da AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
Swows of	IFIC								ES NO		IFYING CAUSES	OF DEATH
0 -	CERTIFICATION	21a ACCIDENT WAS UNDERLY	LYING	21b. TIME	OF INJURY		21c HOW INJURY OCC					
1		OR CONTRIBUTING CAUS	SE OF DEATH	HOUR		DAY YEAR						
, /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX			P.M. OF INJURY	19	2)1 LOCATION					
	ME	WHILE NOT WHILE AT WORK			TREET, FACTORY, OFF	ICE, FARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATI
		22a   certify that (1) (thi		attanded i	the deserved for	_	wills 1075		000	total.	1080	that (1) (we
		saw the deceased of		anended	10/20	CZA	nd that in (my) (our) opin	nion death	occurred on the d	ate and ha	, 17	
		above (F  we) (did)	did not   vi	ew the bod	y after death.	-	DEGREE				224 DATE	
		171	4	Mr.	, VIbi	(1)	TO ATTENDING	G ME	EDICAL STA	FF		
	1	224 PHYSICIAN'S NAME	1	VI	agreen		M.D. PHYSICIAN	N (X DIR	RECTOR   PHYSE	CIAN	10/	30/80
			U		7.5							
	_	Max J.							de Aver	ue B	alt.,M	d. 2:
	23a.	BURIAL, CREMATION, REA	MOVAL	236. DATE			EMETERY OR CREMATO		3d. LOCATION CITY OR TOWN		COUNTY	STATE
		Burial		10/3	1/80 1	orrair	ne Park Cen	mete	ry Wood	llawn	Balt	
M	1	UNERAL DIRECTOR			ADDRESS			DATE REC	D. BY REGISTRAR	ZSb. RE S	TPAR'S SY INA	RE
1/79	Ma	cNabb Fund	eral	Home	e Cato	nsvil	Le, Md.	VON	3 1980	The same	7	



				STATE OF MARTLAND	42 45					
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL H	YGIENE 8 0 REG. NO.	2 4 3 0 6				
		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	28. DATE OF DEATH	ONTH DAY YEAR 26. HOUR				
be 3	(,,,,,	RALPH	4	DUNWORTH		0 19 80 00-02A				
page.	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHE	DAY IF UNDER 1 YEAR IF UNDER 24 HRS				
director,		MALE	CAUCACION	MONTH DAY YEAR 97	83 448	YRS. DAYS HOURS MIN				
		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY	MARRIED W NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH				
Tiffied Target		nnsylvania	U.S.A.	WIDOWED DIVORCED	Baltimore	County, M				
after the fi	10 €	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF N	WORKING LIFEL INDUSTRY				
hours filled v		ndellstown	Baltimore C	ounty General	Pharm. Er	gen. Pharmacy				
filled in uld be fi	13a S	TATE 136 COUR	TOTHER INSTITUTION GIVE RESIDENCE BEFORM TO THE TOTAL TOTAL TO THE TOTAL	WN 134. INSIDE CITY LIMITS?	130 STREET ADDRESS 1914 GWYNN	o Oak Avenue				
with with shou		THER'S NAME		15. MOTHER'S MAIDEN N	IAME					
Med ad 2	I	ra	Dunwort	h Blanche	WIDDLE	Smith				
T ar	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		ADDRES					
and ages	(	Yes W.	W. 1 185-14	-8564Thelma E.	Dunworth, S					
rficate ysician pers. P oval. event,		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), o			BETWEEN ONSET AND DEATH				
g ph n pa rem atic			TE CAUSE (0) Tuly	nonany Dedema	1					
death cert tending ph carbon pa on, or rem traumatic		4595	DUE TO, OR AS A CONSEQ	UENCE OF		21				
atter ve ca ation		Canditians, if any, which	Conditions, if only, which (b) As + hoselhone Condro-Vaseware Disease							
by the se remo l, crems, or oth		gave rise to immediate cause (a), stating the underlying cause last	QUE TO OR AS A CONSEQ	DENCE OF BSt. Pul.	D'erose					
aw requires that the aceen signed by the at Then please remove or to burial, cremati any injury, or other	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)				
	CERTIFICATION	19a DATE OF OPERATION	LISE CONDITION FOR WHIC	H OPERATION WAS PERFORMED	70g AUTOPSY?	206. IF YES, WERE FINDINGS USED				
te has bermit.	5	THE DATE OF OFERATION	The condition of the write	TOTERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?				
an. icate sit pe ygie 78 s	E .	71g. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	71r HOW IN HIRV OCC	JRRED (ENTER NATURE OF INJURY	YES NO				
HYSICIAN: physician. iis certificate iial-transit p fental Hygie or Item 18 s		OR CONTRIBUTING CAUSE OF DEA	110110 4 44 44 64 64 1711	DAY YEAR	NUMBER SENSES SANIONE OF MAJORA	HT HEM (9, FART I VA FART 2)				
ph ph is c	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19						
DING PI ttending After th s the bur th and N marked	MEC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	(FARM, ETC.)	CITY OR FOWN	COUNTY STATE				
atter as the lith a	-	AI WORK			5	<b>♦</b>				
Fix ATTEN hospital or a DIRECTOR: hed for use a Dept. of Heal of Item 21 is			tal) attended the deceased from	20		, 17 , 1101 (I) (we) Id				
hospital o hospital o DIRECTO thed for us Dept. of H	1		t) view the body after death.	and that in (my) (aur) apinio	an death occurred an the dat	e and haur and from the causes stated				
ALCH AT the hospital AL DIRECT tached for te Dept, of T: If Item?	1	226. SIGNATURE	20 ain	DEGREE ATTENDING	MEDICAL STAFF	27c. DATE SIGNED				
TAI the 3AL Jetac late NT:		20	NIN	PHYSICIAN	MEDICAL STAFF	IN 10-19-80				
		224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS						
d b d b be see S e S e S e S e S e S e S e S e S		NO A.	PATEL	Bal. C	ounty be	u. Hosp.				
HOSP ained b FUNE ould be th the S		DIC. 2.D								
TO HOSPITAL. retained by the I TO FUNERAL E should be detach with the State D IMPORTANT: I	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	236 LOCATION					
	23a. (	SURIAL, CREMATION, REMOVAL			236 LOCATION CITY OR TOWN 1. Baltimore					
TO HOSP Tetained by Many 19 10 10 10 10 10 10 10 10 10 10 10 10 10	- (	urial, cremation, removal Burial		rraine Park Cen	Baltimore					

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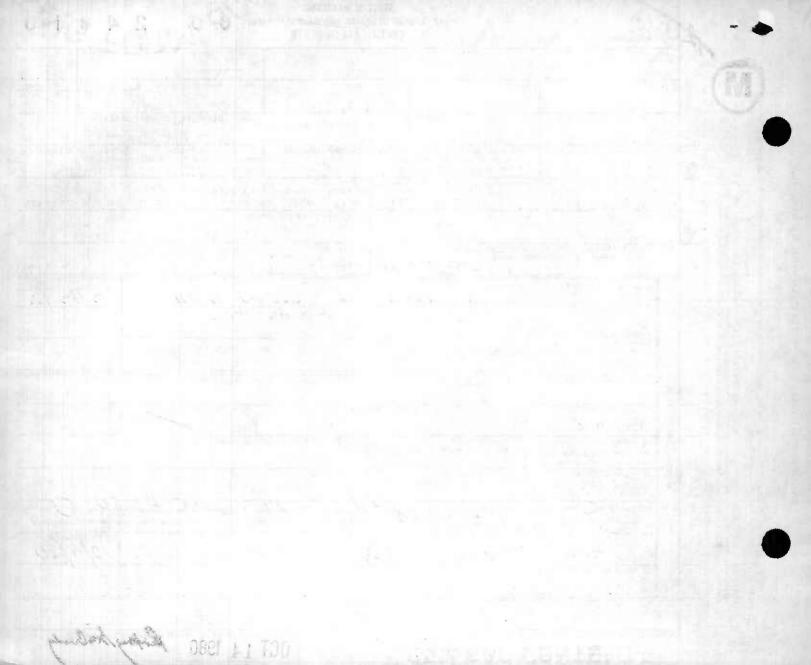


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nay be page 3	TYPE		i RSTEN	MIDDLE D.		1ESTON	26. DATE OF DEATH MO	23 8	420 M
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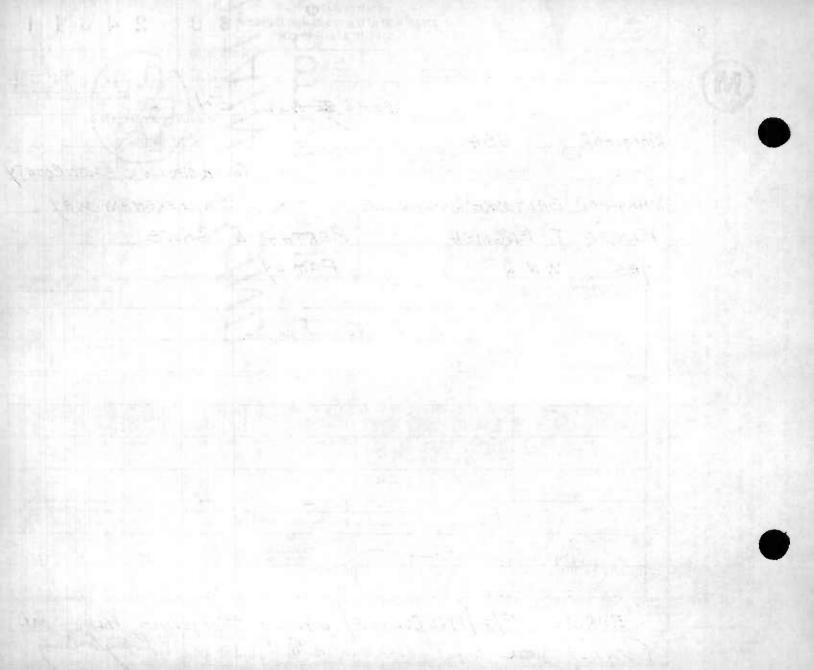
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Edwards 80 George W. 19 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. DAY DATE OF BIRTH IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED 80 Male White Oct. 22, 1932 47 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore County North Carolina 120. USUAL OCCUPATION (TYPE OF WORK DO WIND DEMISINESS 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Steel Co. Ship Builder Essex 46 Fenway South, Apt. C USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS AV 13d. STREET ADDRESS South 21221 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Reniro Pearl Edwards Jessie DIVISION OF 17 INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hope Edwards 8 Butter Cup Lane 412 46 6820 Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Shotgun wound to Head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, YES [X] NO T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING TO OR 19 80 subject shot himself CONTRIBUTING CAUSE OF DEATH 216 PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC. 46 Fenway South, Apt. C, Essex, Balto., Md. home AT WORK Autopsy XX 22a. I certify that I taak charge of the remains described above, held on Inspection Inquiry and in my apinian Suicide X Hamicide Undetermined manner Accident death resulted from; Natural causes 10-14-80 DATE MEDICAL EXAMINER ER DEAT EXAMINER'S NAME 111 Penn Street Margarita A. Korell, M.D. 13c. NAME OF CEMETERY OR CREMATORY Baltimore County, Maryland Holly Hill Memorial Garden DHMH-17 Trippy Mo Cready Old Eastern Ave. 1407 Funeral VILATS ME (5) 15M 7/76

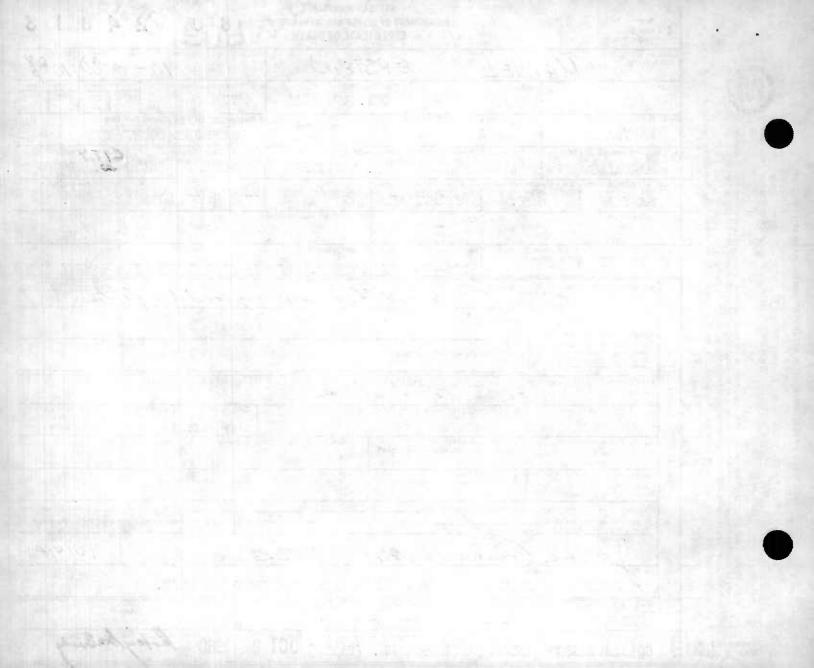
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	H - 16 50M 1/76 VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS	Stop Handord Ad DE	ATE REC'D. BY REGISTRAR		Livery



Martin D. Lawson, 10 W. Padonia Rd.



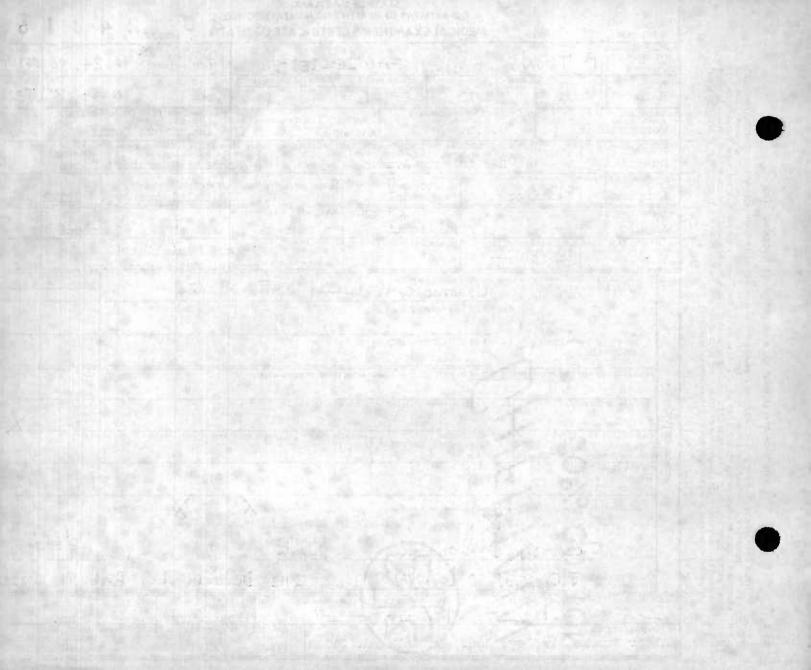
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15	1.	FOR STATE REGISTRAR	DEPAI	TMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	REG. NO	2 4 8 1 4
31		CEASED NAME PAST	11A MIDDLE	EVANS	24 DATE OF DEATH	MONTH DAY YEAR 28 HOURS
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neral dir	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	Th CITIZEN OF WHAT COUNTR	Y? MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY O	Party of DEATH
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te law requires that the is been signed by the att int. Then please remove prior to burial, crematic ws any injury, or other	CERTIFICATION	Canditians, if any, which gove rise to immediate cause in stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C		OUENCE OF  O DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
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ys ys traitral trail		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	216, TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART I ORPART 2)
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by the hospital by the hospital ERAL DIRECT e detached for State Dept. of ANT: If Item 5		226. SIGNATURE	WAS -	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	PIAN DE SIGNED
TO HOSPITAL OR ATTE retained by the hospital or TO FUNERAL DIRECTO should be detached for us with the State Dept. of H IMPORTANT: If Item 21		22d PHYSICIAN'S NAME (THE S	TH REIDIN	RATOMITES BAL	to country	21133
BP	23a.	BURIAL CREMATION, REMOVAL	10-14-80 F	HAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Bath an Al
DHMH-16 25M (VRA 15 4) 1/79	24 F	UNERAL DIRECTOR	ADDRESS IA 2	1669-1738 2 250. DATE	REC'D. BY REGISTRAR	25h Carpenny CHONTHORE

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- 1	1. IF ANY DELAY N. 2, AND 3 TO 111 FR. 3. RETAIN PAGE 5 2 SHOULD BE FILE V. AL RECORDS (20) W.	10. CI	TY OR TOWN C	OF DEATH	11. NAME OF HOSP	ITAL, NURSIN	G HOME, OR OTH	ER INSTITUTION	12a USUAL OCCUP	imore Cou	IZE KIND OF BU	SINESS
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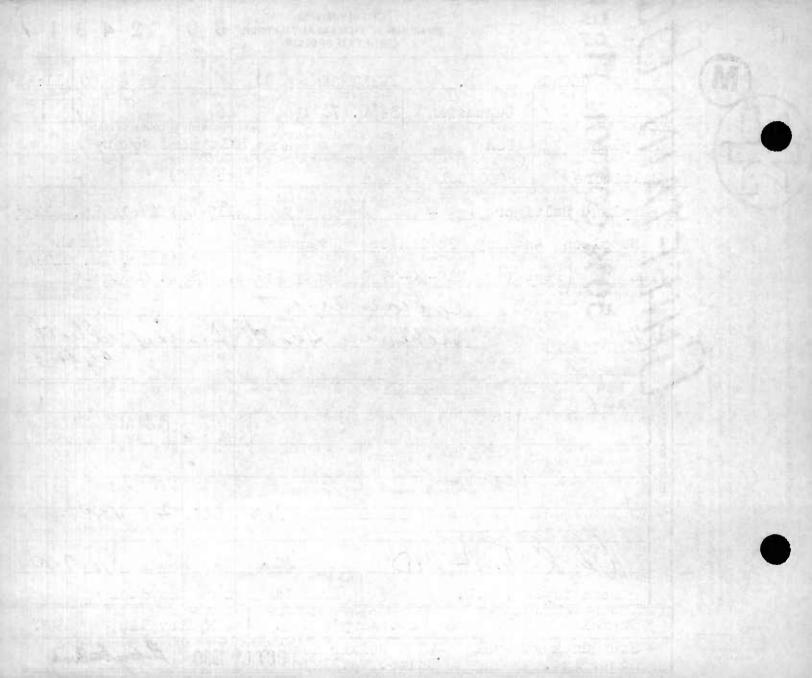
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) ANTHON OF ESTI-FAMIGLIF 24,080 0630 (nmi) 4. RACE SEX AGE (IN YEARS IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 0730 Male White 69 9/3/1911 DEAD YRS 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR MARRIED NEVER MARRIED FOREIGN COUNTRY Connecticut U.S.A. WIDOWED XX DIVORCED Baltimore County FILED. W III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 269 Colgate Avenue Dundalk Machine Operator Factory USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore Dundalk NO X 233 Baltimore Ave. 21222 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Angelo Famiglietti Theresa Pascucci 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES NO OR UNKNOWN) Richard Famiglietti DIVISIO Yes WW II Navy Waterhury. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B. AUTOPSY? YES O BURRA 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PAA PRIOR 218 PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED If. LOCATION STREET, FACTORY, FARM, ETC. STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I taak charge af the remains described above, held an Inspection and in my apinian death resulted fram: Natural causes Accident Hamicide Undetermined manner THILE (SPECIFY) DATE DEATH, MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 10/28/1980 Burial Calvary Cemetery Waterbury 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley, Inc., Dundalk Md. 21222 (VR A15 ME (5)) 15M 7/77

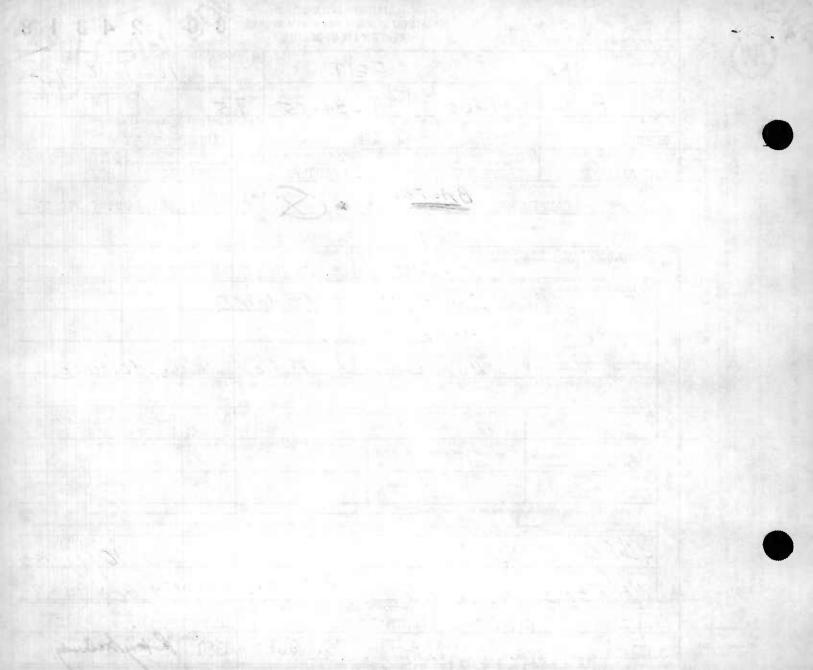


Balto., Md. 2123A

Home, Inc.



/	1	FOR			E OF MARYLAND			
56		- STATE REGISTRAR	DE .		EALTH AND MENTAL HYC ICATE OF DEATH	REG. NO	2.4	8 1 8
(M)	I.	DECEASED NAME FIRST (\$\int A\)	MIDDLE	F	EIT		MONTH DAY YEAR 10-1-82	26. HOUR
age 4 man ector, pa s after d	3	SEX EMALE	1 RACE CAVC	S DATE (		6. AGE LIN YEARS LAST BIRT	HDAY) IF UNDER 1 YEA	
death. P		BIRTHPLACE ISTATE OR FOREIGN COUNTRY) RUSSIA	76 CITIZEN OF WHAT COU USA	MARRIE WIDOWI	D NEVER MARRIED D	BALTIMORE CITY O	COUNTY OF DEATH	MD.
by the fuel of the factor of t	5	RANDALLSTOWN		COUNTY GE	N. HOSPITAL	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI	WORKING LIFE) INDUSTR	
thin 24 hc thin 24 hc ould be fill	5		OTHER INSTITUTION, GIVE BESIDENCE 13 FIT AND INC. 13 FIT AND I	E BEFORE ADMISSION)	134. INSIDE CITY (MITS) YES NO	3227 GREE	NMEAD RD. (	21207)
MARYL cuted wit and 2 sho	70	FATHER'S NAME FIRST  MAX	MIDDLE LA ROC		15. MOTHER SMAIDEN NA FIRST ROSE SH	MIDDLE		LAST
an and co	16	WAS DECEASED EVER IN U.S. AR I yes, no or unknown) I if yes, give NO	WAR OR DATES)	8-6478	MRS. EVELYN	ADDRE HAUSER 322	7_GREENMEAD	RD. (21207) OXBARTE INTERVAL IN OMSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.  : After this certificate has been signed by the attending physician and completely filled in by ss the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the and Mental Hygiene prior to burial, cremation, or removal.  marked or Item 18 shows any injury, or other traumatic event, the maddel examiner multi-	3	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CON  (c)  ONDITIONS CONTRIBUTION	ISEQUENCE OF	M Cledy  Live Corol  NOT RELATED TO THE TERM	CO VASCELO AINAL DISEASE OR CONF	A AMECA	1(0)
AL RECOI	Z September 2	196 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	206 IF YES, WERE FINE IN CERTIFYING CAUSE YES [	DINGS USED ES OF DEATH?
ON OF VITAL RI PHYSICIAN: The physician. This certificate he urial-transit pen Montal Hygiener d or Item 18 sho				H DAY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	
DING PH ttending After thi s the buri th and M marked o	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, 4	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
ATTEN tal or a tal a	1	22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did na		_19, as	, 19 nd that in (my) (aur) apinian	death occurred an the do		e, that (I) (we) last he causes stated
by the hospi by the hospi e detached for State Dept. of		226 SIGNATURE	careda.	,)	ATTENDING PHYSICIAN [	MEDICAL STAF	F . VM	TESIGNED
TO HOSPITAL retained by the TO FUNERAL should be detack with the State	1	HAFEEZ	A SY.	EDm.	BALTIMO	ORE COUN	TY GEN	. HOSP .
402BP3	L	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	10/5/80	ADATH I	EMETERY OR CREMATORY SRAEL	23d. LOCATION CITY OF TOWN BALTIMOR	E, MD.	STATE
DHMH-16 25M (VRA 15, 4) 1/79		FUNERAL DIRECTOR SOL LEVINSON & B	ROS. 601	REISTE BALTIMORE	RSTOWN ROOCT	8 1980	25h ZGISTRAR'S AIGH	TURE

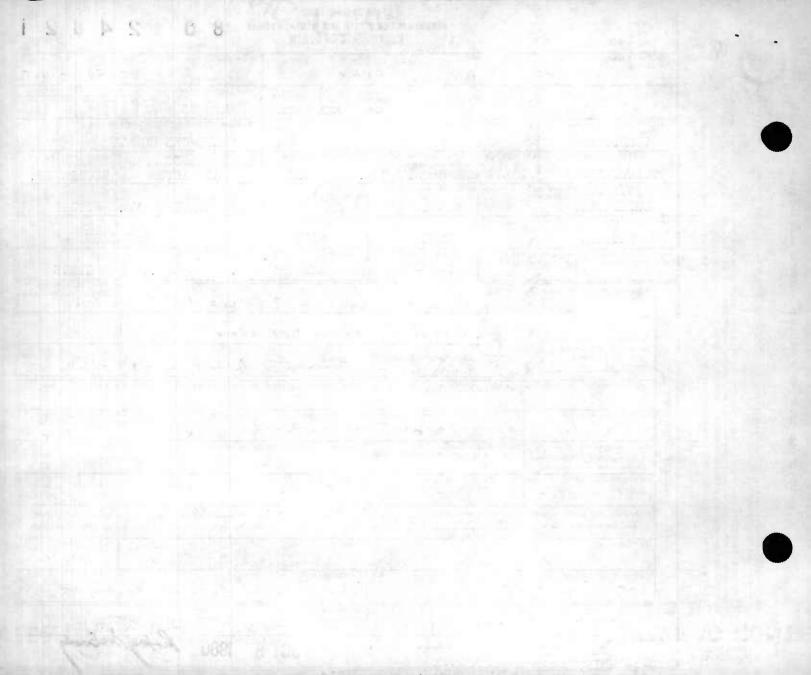


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH Roberta E. Finkbinder October 19, 1980 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR April 5, 1897 Female. White BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED Baltimore County. 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Dulaney Towson Nursing Home Asst. Director of Welfare Dept. ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Maryland Towson Joppa Road & Fairmount Ave. NO TX 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME MIDDLE Thomas Sidney Everngam Green 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) 212-40-6496 Ralph D. Finkbinder 107 Warwick Drive No 18. CAUSE OF DEATH :Enter only one copie per line for (a), (b) PART I DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n. DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC. NOT WHILE 22a. I certify that (1) (this hospital) attended the deceased from decrose of one on the body after debth. (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DAVE SIGNED ATTENDING should be deto with the State PHYSICIAN TO DIRECTOR PHYSICIAN MPORTANT HYSICIAN'S NAME 22e. ADDRESS George T. Gilmore, M.D. 1717 York Road Lutherville, Maryland 21093 23t, NAME OF CEMETERY OR CREMATORY 73d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 73h DATE CITY OR TOWN Balto., Md. Oct. 21, 1980 Moreland Mem. Park Parkville Burial 24 FUNERAL DIRECTOR 1050 York Road DHMH-16 30M 2/80 Ruck Towson Funeral Home, Inc. Towson, Md. 21204077 2 2 1980 (VRA 15, 4)

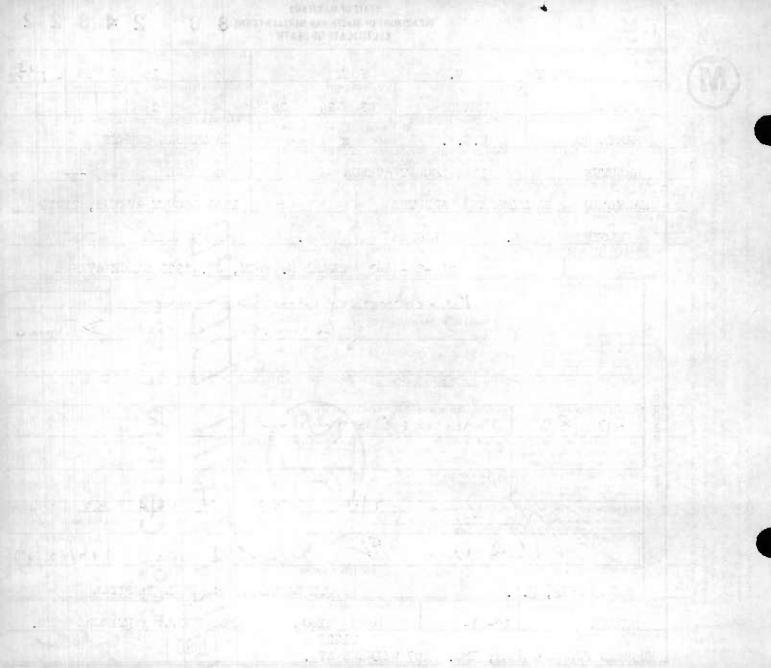
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mx x	1 - STATE REGISTRAR		ilm G548 re MEI	DICAL EXAM	OF HEALTI	MARYLAND HAND MENTAL CERTIFICATE	OF DEAT	H REG.		8 2	0
7895H	I. DECEASED NAA (TYPE OR PRINT)	HAZE		WIDDLE		LATER			MONTH 10	1 19 8C	W
72 H	female	4. RACE white	Sept. 29,		RTHDAY) MONT			DATE ONOUNCED DEAD	10	1 <sub>19</sub> 80	2d. HOUR 6p M
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A AGE	Catonsvi	.lle	Spring (	PITAL, NURSING HI CILITY, GIVE STREET ADDR Brove Hos	pital	HER INSTITUTION	FOR MOS	OCCUPATION (1 TOF WORKING LIFE) SOWIFO	TYPE OF WORK	OR INDUSTE	SINESS
ANY E ANY E POULD SECOND	USUAL RESIDENCI 130. STATE Marylanc	13b. COUN		VE RESIDENCE BEFORE AD 131. CITY OR TOW	VN	13d. INSIDE CITY LIMITS	13e. STREET	ADDRESS Forest	Park A	lve.	
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ION O	- UNDERLYIN	ING CAUSE OF	21e. PLACE C	MONTO 11/19	YEARO Su	ow injury occur bject asp	irated	food			
WAN WAN THE	AT WORK	NOT WHILE AT WORK		ORY, FARM, ETC.)	Sp	ring Grov	e Hosp.	ITY OR TOWN	Balt		Md.
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BP	230 BURIAL, CREM (SPECIFY) Buria 24. FUNERAL DIRE	ATION, REMOVAL 1 CTOR 1630 E	23b. DATE 10/3/80 dmondsoness ome of Cat	Lakev Ave., Cat	view Ce consvil	or CREMATORY metery le, Md 250. DA	TE REC'D. BY RE	esville,	Carr		TATE

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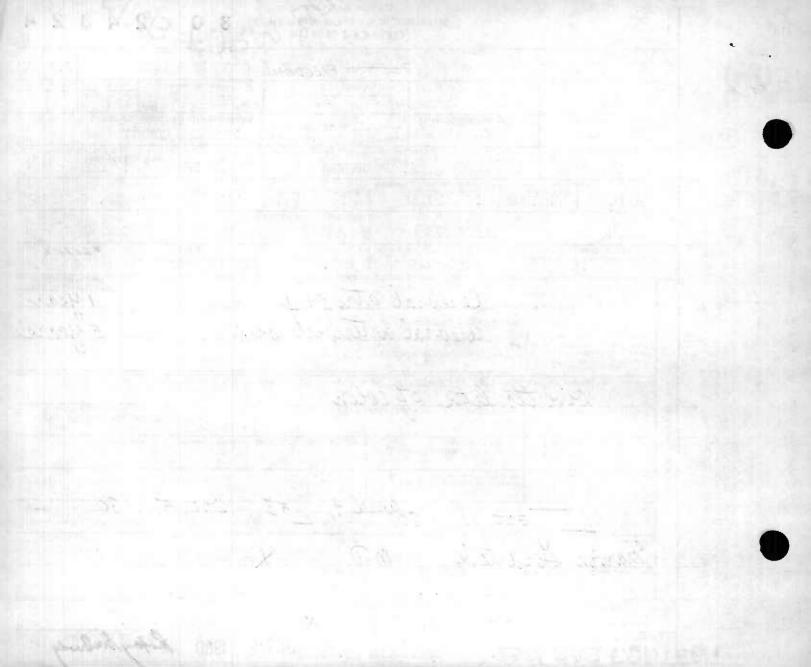


10	1-	FOR STATE REGISTRAR	D		HEALTH AND MENTAL I	HYGIENE 8 0 2	4822
-		EASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
M/II		EVELYN	_V.		OIT	10	09 80 c. 1 PM
AWI /	3 SEX		1 RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
	-	FEMALE	WHITE	03	24 28	52 YRS	s.
7 6 2 P		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
-8/	_	MARYLAND	U.S.A.	WIDOW			
Contified ()	HU CII	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	SIVE STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
(0)		ARBUTUS  AL RESIDENCE (IF NURSING HOME OF		CUST AVEN	UE	HOMEMAKER	
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9		HARYLAND BAL	TIMORE ARI	BUTUS	YES NO X	1244 LOCUST A	VENUE, 21227
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the 1		NO		-24-4443	EDWARD G. I	FOIT, JR. 1323 BI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent, t		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	1, (b), and (c)	5	Carri	BETWEEN ONSET AND DEATH
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ou h	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR		N WAS PERFORMED		YES, WERE FINDINGS USED
304	Ē	8/20/80	Indert	mie Ol	notunhai	YES NO	YES NO
Hygiene prior	Ü	21a. ACCIDENT WAS UNDERLYING		NTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
or Item	N N	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	1111	19			
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marked	2	AT WORK	1949				
67	l I	22s I certify that if this hospi	ton otherded the decease	460.00	11 10 8	0 10 15 9	19 89 that (1) (we) last
21		saw the deceased alive of above, (Viwe) said (did so	t) wew the body after deat	19 800		ion death occurred on the date and t	
Dept.	ы	27% SIGNAYURE	1.0.1.	- 1/1977	DEGREE	G MEDICAL STAFF	214. DATE SIGNED
		104/	cour	- new	PHYSICIAN		10/10/10
with the State (		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS		
# ON		NEIL NOVIN, M	.D.		SOUTH BALT	IMORE GENERAL HOS	PITAL
s <u>s</u>	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATO	RY 23d. LOCATION CITY OR TOWN	COUNTY STATE
_		BURIAL	10-11-80	DRU	JID RIDGE	PIKESVILLE BA	
M 1/76		INERAL DIRECTOR		DRESS	21227	DATE REC'D. BY REGISTRAR 256. RES	STRAR'S SICALATIVE
4))	H	JBBARD FUNERAL	HOME, INC. 4	107 WILKI	ENS AVE.	001101300	



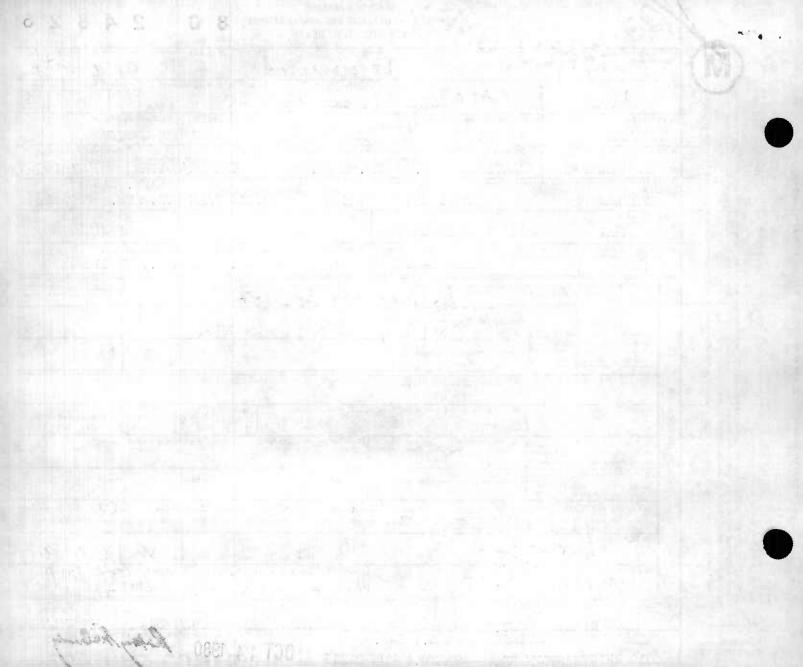
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A		CEASED NAME FRST E OR PRINT)  JENNI	MIDDLE E	FRIEE	MAN FREEDMAN	20 DATE OF DEATH OCTOBER 5		21 HOUR 5:30 AM
the state of	3 SE	× FEMALE	4 RACE WHITE	5. DATE (		6 AGE (IN YEARS LAST BIRT		
97	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTY)	76 CITIZEN OF WHAT COUN USA	TRY? 8 MARRIE	D NEVER MARRIED D	BALTIMORE CITY O	R COUNTY OF DEATH	M
of within	10 0	RANDALLSTOWN	11. NAME OF HOSPITAL, NU IIF NOT IN SUCH FACILITY, GIVE OLD COURT N		CENTER	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWIFE	ON 12b. KINE F WORKING LIFE) INDUSTE HOM	O OF BUSINESS OF RY 1E
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Pages 1 t, the me		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) N IF YES, GM	E WAR OR DATES)	SECURITY NO. 3-5969 [	MRS. MOLLIE	ADDRE GOTTLIEB 8	217 STREAMW	100D DR.
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with the State Dept. of IMPORTANT: If Item 2	230	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)  GOLDSTEIN M.	<i>M</i>	22e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	220 DA FF 10/6	ATE SIGNED
		SPEBÜRIAL .	10-6-80	ARLING	ON CEM.	BALTIMO	RE, MD.	STATE
MH-16 25M A 15, 4) 1/79	24. F	UNERAL DIRECTOR SOL LEVINSON &	BROS. BADDRE	ss 6010 RI ALTIMORE	ISTERSTOWN REM	8 1980	25 GISTRAR'S IGN	Preody



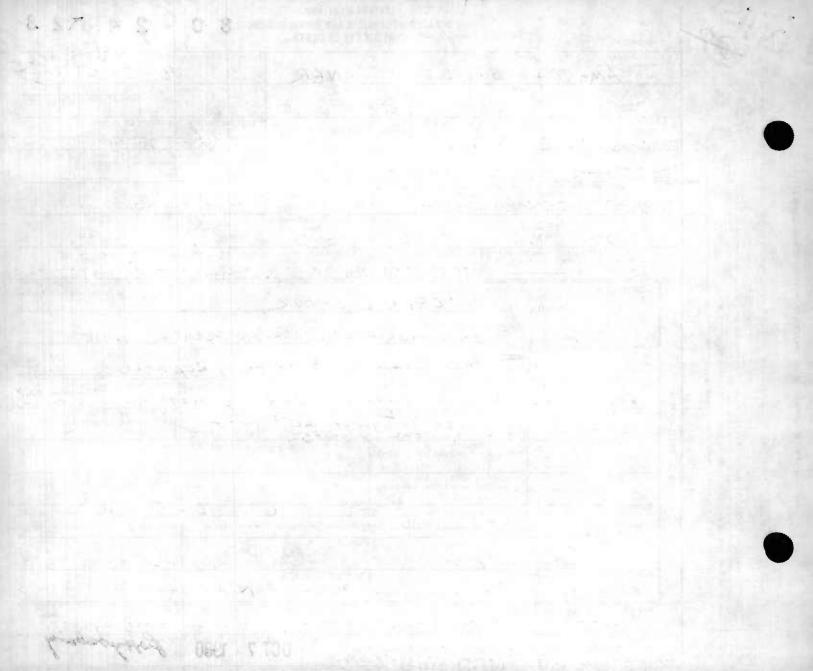
OGG		ECEASED NAME FIRST FE		FRENCH FRENCH	REG. NO.  20 DATE OF DEATH MONTH D.  October 29, 1980	15
nce.	3. SE		RACE White	S DATE OF BIRTH MONTH DAY March 23, 1894	6. AGE (IN YEARS LAST BIRTHDAY)	F UNDER I YEAR IF UNDER 24 H
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35	USU 130	AL RESIDENCE (# NURSING HOME OR STATE BALTI	other institution, give residence seron TY 13t. CITY OR TOW Catonsv.	N 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 112 Forest Drive	e
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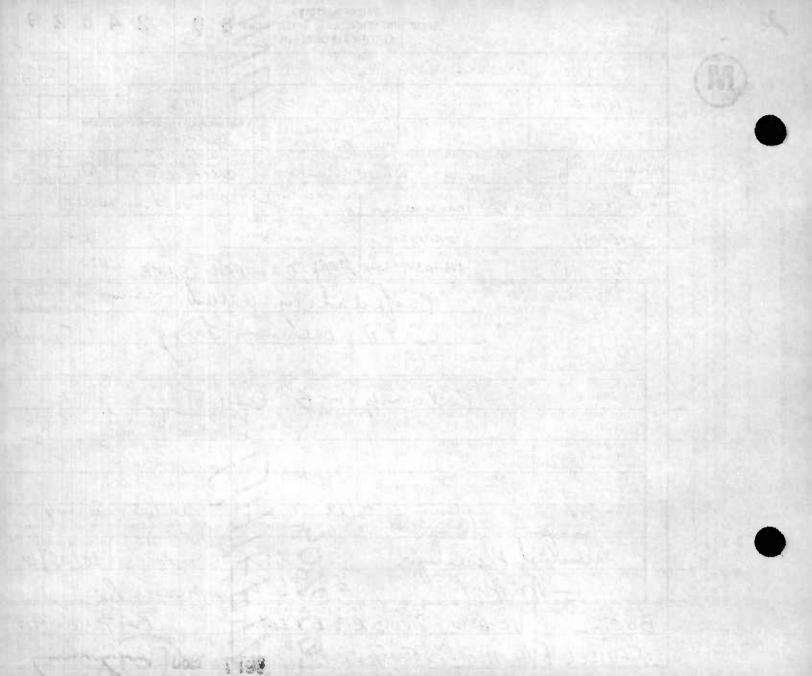
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(M)		REGISTRAR  EASED NAMES FIRST OR PRINTI	MIN	FR16	TE OF DEATH	REG. NO	MONTH DAY YEAR $10 - 9 - 87$	26. HOUR
estor, p	1 SEX	$\mathcal{M}_{ALE}$	A RACE CAVE ASIA	S. DATE OF BIRT	TH26 DAY EXXX - 02	6 AGE (IN YEARS LAST BIRTI	YRS MONTHS DA	YS HOURS A
72h n 72h	N	IARYLAND	76 CITIZEN OF WHAT COUNTRY  USA	MARRIED WIDOWED		BALTIM	RE COUNTY	
by the		RANDALLSTOWN	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE BALT IMORE COUN	NTY GEN.	HOSP.	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF TAILOR/C	CUTTER INDUST	LOTHING
ould be fi		MARYLAND //	OTHER INSTITUTION, GIVE RESIDENCE BEFO ITY BALTIMOI	RE YES	INSIDE CITY LIMITS?	5715 PARK H	APT. 913 ITS. AVE.	#21215
Completel 1 and 2 sh nedical ex			Couis friedl	ANDER	SARAH	MIDDLE	RIFKI	N <sup>51</sup>
Pages 1	16a W (Y	es, no or unknown) (16 yes, give	wed forces? 166 social sec war or dates) 212-01-6		8400 DORIA	. WILLIAMOGRE N RD. BAI	TO., MD 21	208
n signed by the at hen please remove to burial, cremat iv injury, or other	NC	Conditions, if ony, which gove rise to immediate couse to its stating the underlying couse last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU		RELATED TO THE TERM	L VINAL DISEASE OR CONE	DITION GIVEN IN PART	T 1(o)
permit. The prior shows an a shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	1 OPERATION WA	S PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUSE	
wistertificat urial-transit Mental Hygi d or Item 18		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER)	LICHE A M MONTELL E	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART	2)
After th s the bur th and M marked	MEDICAL	214 INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	LOCATION STREET	CITY OR TOW	N COUNTY	STATE
RECTOR:		sow the deceased alive on above, (I) (we)(did) (did not	ol) offended the deceosed from,	ond that		deoth occurred on the do		
eRAL DIR detached State Dept ANT: If Ite		22b. SIGNATURE  22d. PHYSICIAN'S NAME (1795 OR	HU.	DEGR	ATTENDING PHYSICIAN [	MEDICAL STAF	FAN	-9-80
TO FUNERAL I should be detach with the State D IMPORTANT: I	20	UNDYSTEX	V. KEBBY	R	ANDAUSTO	MN MD.	- 21133	- 17137
	(5	URIAL, CREMATION, REMOVAL PECIFY)  BIRTAL	OCT 12 1980 (4	ARLINGTON				STATE MARYLAN
HMH-16 25M RA 15, 4) 1/79		NERAL DIRECTOR SOL LI	EVINSON & BROS.	, INC.	0.07	F 1 4 1980	25b. Best Sarar's	Bully



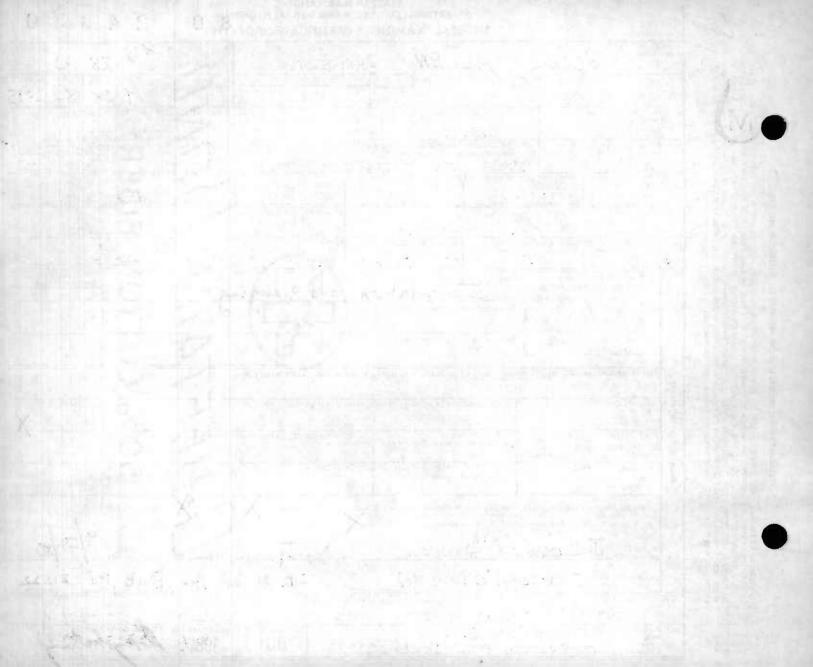
	1.	FOR • STATE	DEPA	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYGI	IENE 8 0 2	2 4 8 2				
ne	I. DE	REGISTRAR CEASED NAME FIRST CORPRINT) Matsu	MIDDLE		ICATE OF DEATH  LAST  LIJIOKA	REG. NO.  20. DATE OF DEATH MONTH  10	DAY YEAR 26 HOUR 21 80 /0 64				
s after dea	3 SE	x female	Gapanese		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 82 YRS.	MUNDER I YEAR IF UNDER 24 H				
72 hour	70. B	RTHPLACE (STATE OR FOREIGN OUNTAPAN	Japan	MARRIE	D NEVER MARRIED	Baltimore Count					
90		Baltimore	'Valley^'Velw''Mursing Home			128. USUAL OCCUPATION  (TYPHOMOETOMORE)  (TYPHOMOETOMORE)	12b. KIND OF BUSINESS INDUSTRY				
133			Timore Latine		134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1301 Charmuth Ro	1. 21093				
OEO DESO		ATHER'S NAME FIRST Unknown	MIDDLE LAST Okonogi			nown	LAST				
Paper 1 Paper 1		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN}   [IF YES, GIV	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 033-30-		Mrs. Emi Fur	ADDRESS ukawa, sameas #1	L3e				
in signed by the ar then please remain to bratist, criminal by injury, or other	TIRCATION	Conditions, if ony, which gove rise to immediate couse ial, stating the underlying cause last	DUE TO, OR AS A CONSE	0	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	VEN IN PART 1(0)				
n. ante has bee ripernit. Tr genee prior		BICAT (	D BICAT	7 BICAT	7 BICAT	Z	1% DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	IN CERTI
Strength or Item 1	CAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR	No. of the control	ED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2]				
After the same the same the same to make the man to make the man to make the control of the same the s	MED	WHAT AT WORK AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFI	10	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
L DIRECTOR ached for use 1 Dept. of Hea		sow the deceosed alive or above, (l) (we) (did) (did n	ortal) ottended the deceased from 1901) view the body after death.	980/0	DEGREE	leath occurred on the date and has	ur and from the couses states  221. DATE SIGNED				
TO FUNERAL.		724 PHYSICIAN'S DIAMETINE		EN	PHYSICIAN E 1220 ADDRESS 6 Linlow	director   PHYSICIAN	Md 2120				
BP	230.	BURIAL, CREMATION, REMOVAI SPECIFYI Cremation			EMETERY OR CREMATORY Park Crematory	23d LOCATION CITYORTOWN Baltimore	county state Maryland				
DHMH-16 25M VRA 15, 4) 1/79	16.	UNERAL DIRECTOR NAME RUCK TOWSON Fun	eral Home, Inc.		ork Rd. 256 DATE	REC'D. BY REGISTRAR 21 7 1980	PAR'S SIGNASURE				

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				STATE OF MARYLAND						
0	/		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	2 4 2 7 0					
1	6		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO.					
	H	10	DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 2b. HOUR (TYPE OR PRINT)							
	当年記載日 (		PPE OR PRINT) ROGE!		ESTI- 9 28 1980 M					
	当日生る景	3. S	EX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS AND PRODUCT	MONTH DAY YEAR 26 HOUR					
	F 0 0 0 0 0	1	Male White	4 28 1957 23 YRS. MONTHS DAYS HOURS MIN. PRONOUNDEAC	9 28 80 2315					
-	NATE OF	-7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)		ORE CITY OR COUNTY OF DEATH					
		20	Maryland		timore County MD.					
	호프파티스	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCU	ATION (TYPE OF WORK 12 KIND OF BUSINESS T					
,	DELAY 3 TO TH IN PAG 105, 30		Dundalk	Battle Grove Elem. School Gr. Labor						
1-	ANY DEL		JAL RESIDENCE (IF IN NURSING HOME O STATE 113b. COUN'	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION]						
2120	AND 3	10			. Claire Lane					
	- W ~ -		FATHER'S NAME	15. MOTHER'S MAIDEN NAME						
, MD.	をできるかろ	0	Clyde	A. Garrison Zella	DOLE LAST Yost					
OR	PAGE ORM N OF	) 16a.	WAS DECEASED EVER IN U.S. ARA	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 7057						
BALTIMORE,	URS AFTER DI B. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF		(YES, NO, OR UNKNOWN) (IF YES, GIVE Y		n - Balto.MD 21222					
BAL	PACE PACE			one couse per line for (o), (b), ond (c), (i)	APPROXIMATE INTERVAL					
ST.,			PART I DEATH WAS CAUSED	BY: The and the state of the st	BETWEEN ONSET AND DEATH					
Z	A 24 HC ITEM 1 ALONG PERMI GENE,		952 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE OF						
PRESTON ST.,			Canditions, if ony, which	Due 10, OK AS A CONSEQUENCE OF						
	ENCIL IN AMINER A TRANSIT ENTAL HYC		gave rise ta immediate	(b)						
301 W.	ECUTED WITHIN 24 HO 3" IN PENCIL IN ITEM 1 AL EXAMINER ALONG BURRAL-TRANSIT PERMIT ND MENTAL HYGIENE, DN, OR REMOVAL.		cause (a) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF						
	25 60			(c)						
DIVISION OF VITAL RECORDS,		z		ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (%).						
SEC.	"PENDINGE MEDICAL MEDI	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?					
IAL	SEE SEE	스			YES NO NO					
2	CERTIFICATE SHO ITING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL,	- H	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF IN.						
0 2	THE OUT	5 8	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR						
Sio	SHC TO TO SHO	MEDICAL	CONTRIBUTING CAUSE OF D	P.M. 19 21e PLACE OF INJURY (ATHOME, 21f, LOCATION						
2	WRITING ARDED ARDED GE 3 S (TE DEP	¥ X	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.] STREET CITY OR TO	VN COUNTY STATE					
	# > 3 4 4 V	1 5	AT WORK - AT WORK		X-/					
	프로만했다고		22a. I certify that I toak charg	of the remains described above, held on Autopsy L, Inspection X, Inquiry	, and in my opinion					
	L EXAMINER E CERTIFICAT OULD BE FO IL DIRECTOR H, WITH THE MARYLAND,		deoth resulted from: Natur	al couses ☐, Accident ☐, Suicide. ☐, Homicide ☐, Undetermined mo	nner,					
	XA DIRE WIT		TO	TITLE (SPECIEY)	9/28/an					
	AL HOU		SIGNATURE J. CLOS	HEN O COLORAN M.D. DEFULY MEDICAL EXAM	INER SIGNED 80					
	MEDIC CUTE TO SE 4 SI FUNER ER DEA		EXAMINER'S NAME T C P	a so I de la company de la	. DAL MA 2					
	TO MEDICAL EXAMIN  EXECUTE THE CERTIFIC  PAGE 4 SHOULD BE  TO FUNERAL DIRECTO  AFTER DEATH, WITH TI  BALTIMORE, MARYLAN		(TYPE OR PRINT)	DSSAN O'DONOVAN ADDRESS 21/2 Dundalk A	R., DOND, MA. LIZZZ					
1161	PAT PAT	23a.	BURIAL, CREMATION, REMOVAL 2.	CITY OR TOWN	COUNTY STATE					
1100	BP		Cremation	10/1/80   Green Mount   Baltim						
	DHMH - 17	24.	FUNERAL DIRECTOR Duda-	Ruck DORESS TO. 250. DATE REC'D. BY REGISTRA						
	(VR A15 ME (5)) 30M 7/73		7922 Wise Ave	nue, Dundalk, MD 21222 UCI 1 198	morny Melredy					



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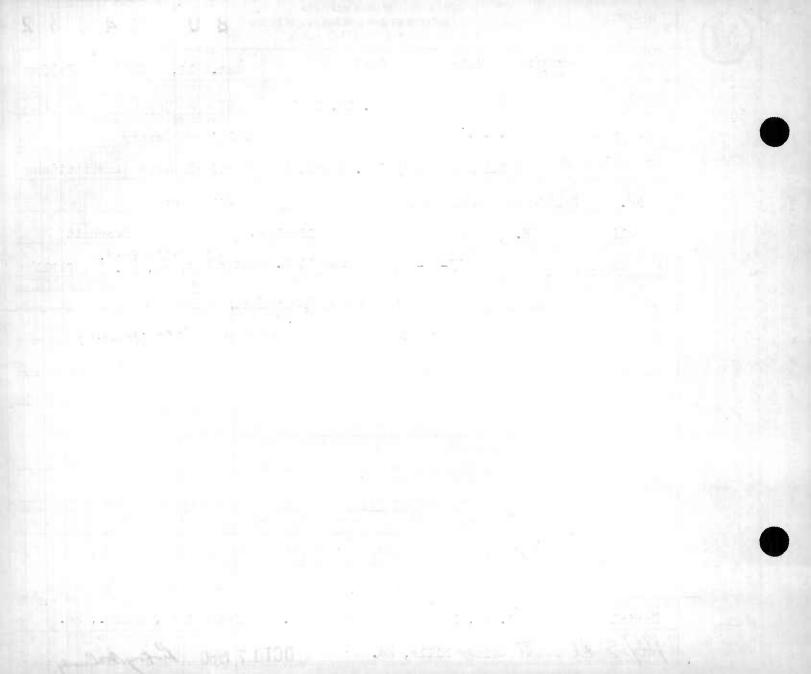
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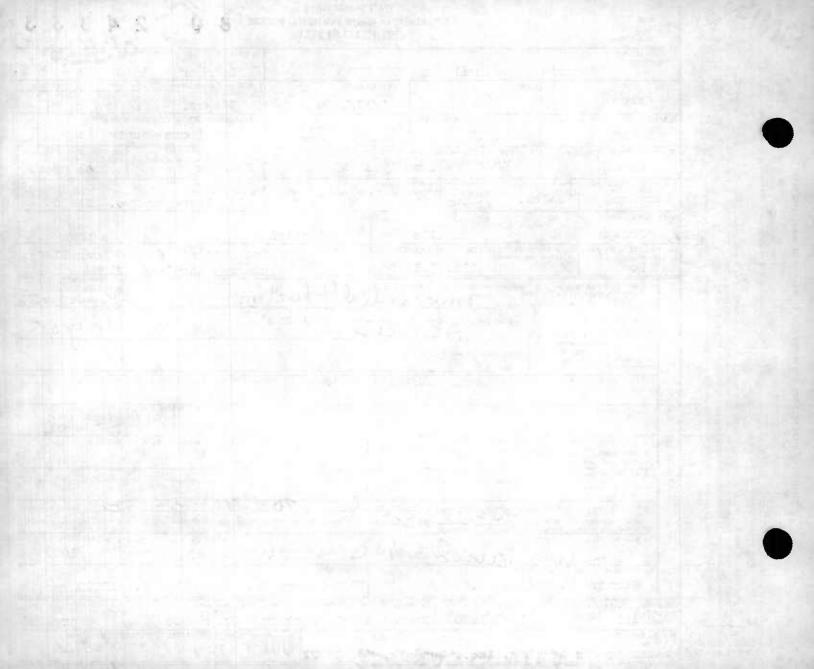
(VRA 15, 4) 1/79

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FOR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES | NO I 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN [] STATE LARK CHAPLE MD BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-1650M7/77 BECAIR (VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DAY

YEAR

F UNDER 1 YEAR

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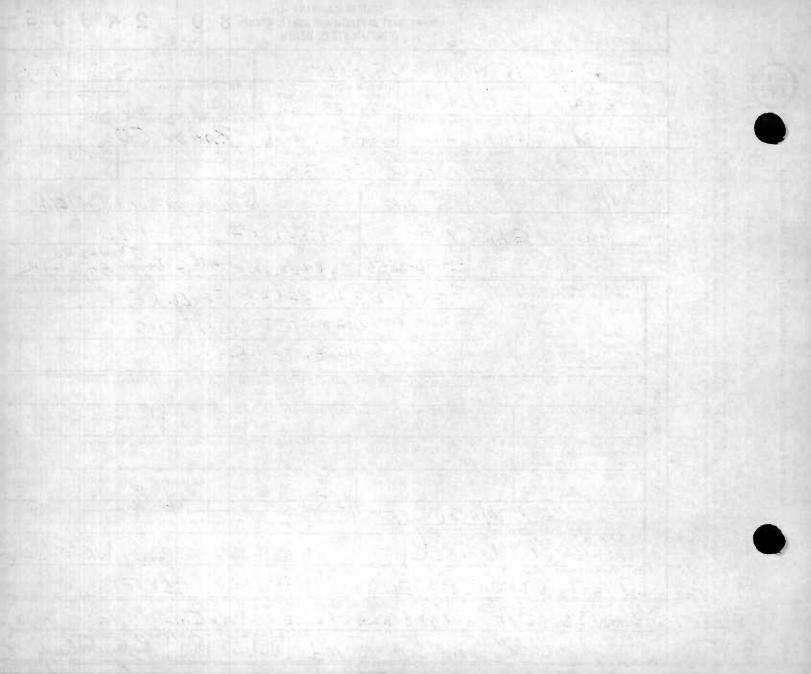
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2b. HOUR

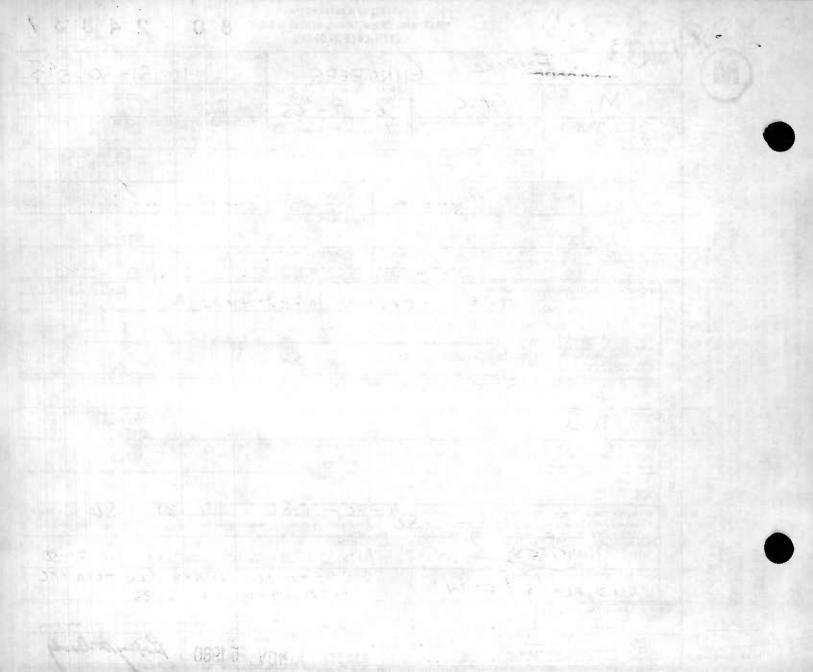
HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS



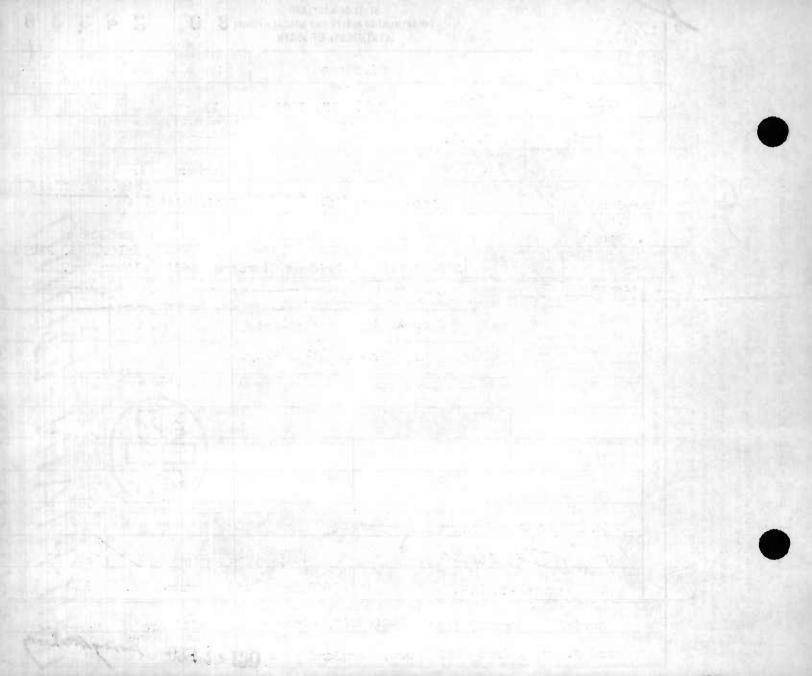
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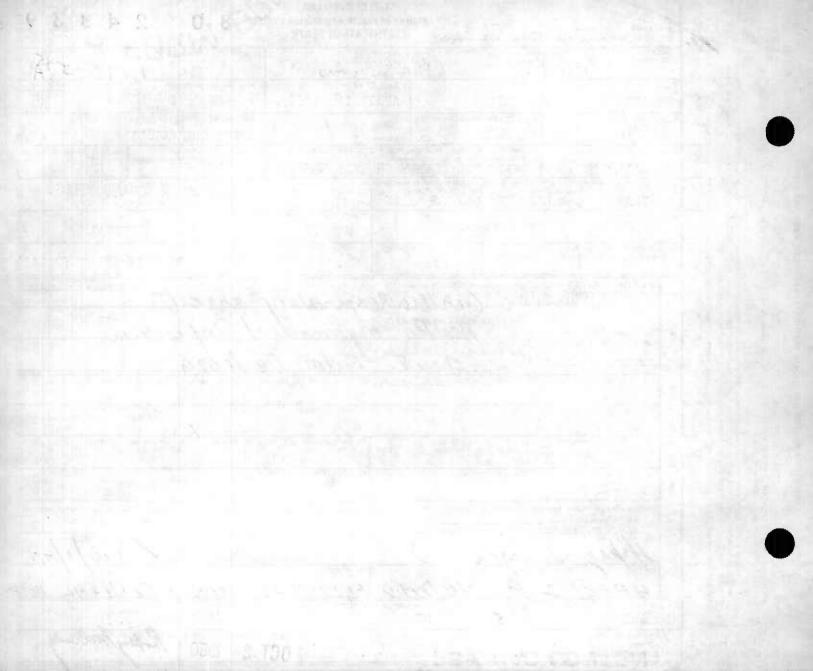


Baltimore, Maryland

(VR A 15 (4))

Leonard J. Ruck, Inc.





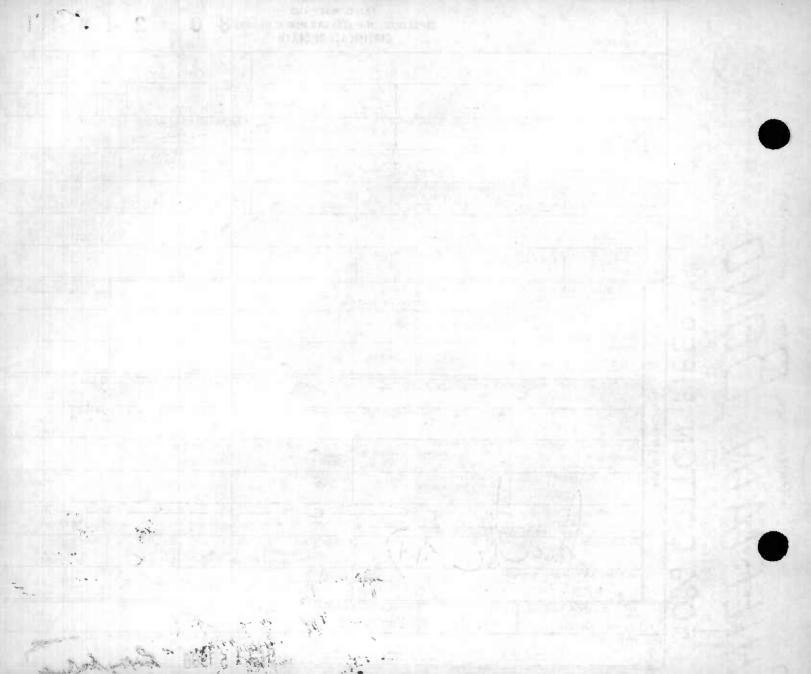
| 10 HOSPITAL OK ATTENDING PHYSICIAN: The law requires man me beant certificate be executed within 124 mons one occurred to the hospital or physician. TO SINARAL DIRECTOR, After this certificate has been signed by the offending physician and completely filled in by the funegatidifiector, page 3. | should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death should be detached for use as the burial-transition for the page. |
|--|--|
|  | mpletely filled in by the fune ad-director, page 3   |

|   | FOR 10/29/8 1- STATE REGISTRAR  | hone call w/Fun. Homstate of Maryland Orc DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH   | HYGIENE 8 0 2 4 8 4 0   |
|---|---|--|---|
|   | 1. DECEASED NAME FIRST  | MIDDLE LAST  | 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 3   |
| ay be<br>death  | Hele  |  | Oct. 21 1980 / PM   |
| Ter o   | 3. SEX  | 4. RACE S DATE OF BIRTH MONTH OAY YEAR 8 11 1908   | MONTHS DAYS HOURS MIN   |
| Poge 4  | Female  | W.11100 0 111 12/01  | 3 72 YRS.   |
| death. Po   | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto. Md.                                    | 76 CITIZEN OF WHAT COUNTRY?   MARRIED □ NEVER MARRIED  U. S. A. WIDOWED □ DIVORCED   | Baltimore Co. MD.   |
| ofter of the fed with ed with | 10. CITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 7427 Goettner Rd. 21.087  | House wife Home making  |
| 5 42 E 5  | USUAL RESIDENCE (# NURSING HO<br>130. STATE 136 C                                       | THE OROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  COUNTY 136. CITY OR TOWN  Baltimore Kingsville YES NOX  | 7427 Goettner Rd. Kingsville, M   |
| with with d 2   | 14. FATHER'S NAME FIRST Frank   | MIDDLE Goettner Carolin  | ne Emme M. Schneider  |
| MORE, MA e executed n and camp Pages 1 an   | 160 WAS DECEASED EVER IN U.   |  | ADDRESKingsville, Md. 21087 thy G. Woodie, 7427 Goettner Rd.                                    |
| quires that the death certific signed by the attending phy Then please carbon pot to burial, cremotion, or remonjury, or other traumatic even   | Conditions, if any, whis gove rise to immedia cause (a), stating II underlying cause la | te DUE TO, OR AS A CONSEQUENCE OF  | Cardes Vas DIS 2747  TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)                           |
| AL RECORDS.  The low requirion.  The speem signification is promit. Therefore prior to be how sony injury.  | 196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYN                                       | 196. CONDITION FOR WHICH OPERATION WAS PERFORMED   | 20a AUTOPSY?  10b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO      |
|   | OR CONTRIBUTING CALISE  | OF DEATH HOUR A.M. MONTH DAY YEAR  | CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)                                   |
| DIVISION OF VIIT NG PHYSICIAN: othending physic firer this certificate os the burial-trans th and Mental Hyg sirked or them 18 st   | (IF EITHER, NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK  | 21e. PLACE OF INJURY  AT HOME STREET SACTORY OFFICE SARM ETC.)  21f. LOCATION STREET   | CITY OR TOWN COUNTY STATE   |
| ATTENDIII or Spirol or CTOR: A for use of Health  |   | hospital) attended the deceased from 1953, 194 ve an 19 0, and that in (my) (our) of the notion of t | to 19 that (I) (we) lost pinion, death occurred on the date and hour and from the causes stated |
| TAL OR A y the hory the hory and DIREG  | 22b SIGNATURE   |  | ING MEDICAL STAFF 10/27/80  |
| TO HOSPITAL ( retained by the TO FUNERAL ( should be deta with the State ( IMPORTANT: If  | 220 PHYSICIAN'S GIAME   | ORD F. HUDSON: 126   | 48 Fork Rd. 21057   |
| 5 5 5 € 3 ₹   | 230. BURIAL, CREMATION, REM   | OVAL 236. DATE 23c. NAME OF CEMETERY OR CREMA  | CITY OR TOWN COUNTY STATE   |
| BP  |   |  | y Parkville Baltimore Md.   |
| O O O O O O O O O O O O O O O O O O O   | 24. FUNERAL DIRECTOR  NAME  E.F. Lassahn. 11.   | 750 BelairRd. Kingsville, Md. 21087  | OCT 2 9 1980 Kirty heling   |

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| STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 8 | 0      | 2 | 4 | 2 | 4 | 'n |
|---|---|--------|---|---|---|---|----|
| CERTIFICATE OF DEATH                                      |   | PEG NO |   |   |   |   |    |

|  |                 | REGISTRAR  |  |  |  | CEKTIF              | ICATE OF DEATH   | REG. N  |                          | 0.27                                     |  |
|--|-----------------|--|--|--|--|---------------------|--|---|--------------------------|--|--|
|  |                 | CEASED NAME<br>OR PRINT!   | FIRST  |  | MIDDLE   |                     | AST  |   | MONTH DAY                | 17                                       | b. HOUR  |
|  |                 |  | an   | Morr   | is   | GOLDM               |  |   | per 6, 19                |  | 8:55   |
|  | 3. SE           |  |  | 4. RACE  |  | 5. DATE C           |  | 6 AGE (IN YEARS LAST BIR  | THDAY) IE UNDE           |  | E UNDER 24   |
|  |                 | Male   |  | Whit   | e  | Oc t                |  | 1 hour  | YRS                      |  | 1 2  |
| 25   | C               | RTHPLACE (STATE OR I   | FOREIGN  |  | WHAT COUNTRY?  | 8<br>MARRIE         | D NEVER MARRIED  | 9 BALTIMORE CITY  |                          |  | 1  |
| 1/   |                 | aryland Ity or town of de  |  |  | SA   | WIDOWE              |  |   | lmore Cou                |  |  |
|  |                 | Baltimore  | 2  | St   | . Joseph   | Hospi               | or other institution<br>tal  | 17a USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O   |                          | KIND OF I                                | BUSINESS   |
|  | USU.            | AL RESIDENCE (IE NUR   | SING HOME OR   | OTHER INSTITUTION  | GIVE RESIDENCE BEFORE  | ADMISSION)          | 13d INSIDE CITY LIMITS?  | 13e STREET ADDRESS  |                          |  |  |
| Ko   |                 | ryland   | Balto  |  | Towson   |                     | YES NO X   | 17 N. Poto  | mac St.,                 | Balt                                     | o.,Mc  |
|  | 14. FA          | THER'S NAME  | M  | IDDLE  | LAST   | 7                   | 15. MOTHER'S MAIDEN NA   |   | - 4                      |  |  |
| 230  | Aı              | ndrezej  |  |  | oldman   |                     | Laura  | L.  | Go 1d                    | lman                                     |  |
|  | 16a V           | VAS DECEASED EVER<br>(ES, NO OR UNKNOWN)   | (IE YES, GIVE  | AED FORCES?<br>WAR OR DATES)                                     | 16b SOCIAL SECU  | RITY NO.            | 17 INFORMANT   | ADDR  | ESS                      | 1  |  |
| even, me   |                 | 18 CAUSE OF DEAT<br>PART I. DEATH V  | VASCALISEC   | BY.  | line far (a), (b), and   |                     |  |   |                          | APPROXIMA<br>BETWEEN ON                  | TE INTERVA   |
|  | 1.8             | 7151   | IMMEDIATE  |  | Imm  |                     | Ly   |   |                          |  |  |
|  |                 | Canditions, if any   | , which  | (b)  | R AS A CONSEQUE  | NCEOF               |  |   |                          |  |  |
|  |                 | gave rise to im<br>cause (o), stati  | mediote  | )  |  |                     |  |   |                          |  |  |
|  |                 | underlying cause   |  | DUE TO, O  | r as a conseque  | NCE OF              |  |   |                          |  |  |
|  |                 | PART 2. OTHER SIG  | NIFICANT C   | ONDITIONS C  | ONTRIBUTING TO [   | DEATH BUT           | NOT RELATED TO THE TERM  | INAL DISEASE OR CON   | DITION GIVEN IN I        | PART I(a)                                | -  |
|  | ō<br>N          |  |  |  |  |                     |  |   |                          |  |  |
| ,  | CAI             | 190. DATE OF OPERA   | TION   | 196 COND   | ITION FOR WHICH  | OPERATION           | N WAS PERFORMED  | 200 AUTOPSY?  | 20b. IF YES, WERE        | FINDING                                  | SUSED  |
|  | E               |  |  |  |  |                     |  | YES X NO  | YES 🗍                    |  | NO 🗌   |
|  | ~               |  |  | AM THE 6   | off to 1 II (FD) (   |                     |  | 44  |                          |  |  |
|  | CERTIFICATION   | 210. ACCIDENT WAS UN   |  | 21b. TIME C  |  | Y YEAR              | 21c. HOW INJURY OCCURE   |   | RY IN ITEM 18, PART 1 OR | PART 2)                                  |  |
|  |                 | 710. ACCIDENT WAS UN<br>OR CONTRIBUTING (IE EITHER, NOTIFY MEDIC   | CAUSE OF DEAT  | HOUR A   | M. MONTH DA  | YEAR                | 21c. HOW INJURY OCCURE   |   | RY IN ITEM 18, PART 1 OR | PART 2)                                  |  |
|  |                 | OR CONTRIBUTING [] (IE EITHER, NOTIFY MEDIC 21d. INJURY OCCUR  | CAUSE OF DEAT<br>CAL EXAMINER)   | HOUR A   | M. MONTH DA<br>M.<br>OF INJURY   | 19                  | 21c HOW INJURY OCCURE 21f LOCATION STREET  |   |                          |  | STATE  |
|  | MEDICAL CER     | OR CONTRIBUTING [] (IE EITHER, NOTIFY MEDIC 21d. INJURY OCCUR  | CAUSE OF DEAT<br>CAL EXAMINER)   | HOUR A P. ZID PLACE (AT HOME, ST                                 | M. MONTH DA<br>M.<br>OF INJURY<br>REET, FACTORY, OFFICE, F                   | 19<br>ARM, ETC.)    | 21f LOCATION<br>STREET   | RED (ENTER NATURE OF INJU   |                          |  | STATE  |
|  |                 | OR CONTRIBUTING [ ] (IE EITHER, NOT IFY MEDIC 21d. INJURY OCCUR  | CAUSE OF DEAT CAL EXAMINER) RED  | HOUR A P. ZIN PLACE (A) HOME, ST                                 | M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F                            | 19<br>ARM, ETC.)    | 21f LOCATION STREET  | CITY OR TO  | wn cou                   | INTY the                                 | at X (we   |
| 9  |                 | OR CONTRIBUTING [ ] (IE EITHER, NOT IFY MEDIC 21d. INJURY OCCUR  | CAUSE OF DEAT CAL EXAMINER) RED  | HOUR A P. ZIN PLACE (A) HOME, ST                                 | M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F                            | 19<br>ARM, ETC.)    | 21f LOCATION<br>STREET   | CITY OR TO  | wn cou                   | INTY the                                 | at X (we   |
| 9  |                 | OR CONTRIBUTING [] (IE EITHER, NOTIFY MEDIC 21d. INJURY OCCUR  | CAUSE OF DEAT CAL EXAMINER) RED  | HOUR A P. ZIN PLACE (A) HOME, ST                                 | M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F                            | 19 ARM, ETC.) 10/6/ | 21f LOCATION STREET  | RED (ENTER NATURE OF INJUSTION CITY OR TON $\frac{10/6/8}{4}$ death accurred on the difference of the dif | NN COU                   | INTY the                                 | at ⋠ (we   |
| 9  |                 | OR CONTRIBUTING (IE EITHER, NOTIFY MEDIA 21d. INJURY OCCUR WHEE 1 WCBB 278.1 certify that 28 w the decor-  | CAUSE OF DEAT CAL EXAMINER) RED  | HOUR A P. ZIN PLACE (A) HOME, ST                                 | M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F                            | 19 ARM, ETC.) 10/6/ | 21f LOCATION STREET  80 , 19 d that in (my) (our) apinian of   | RED (ENTER NATURE OF INJUSTION CITY OR TON $\frac{10/6/8}{4}$ death accurred on the difference of the dif | NN COU                   | , the ram the car                        | ot X (we<br>uses state   |
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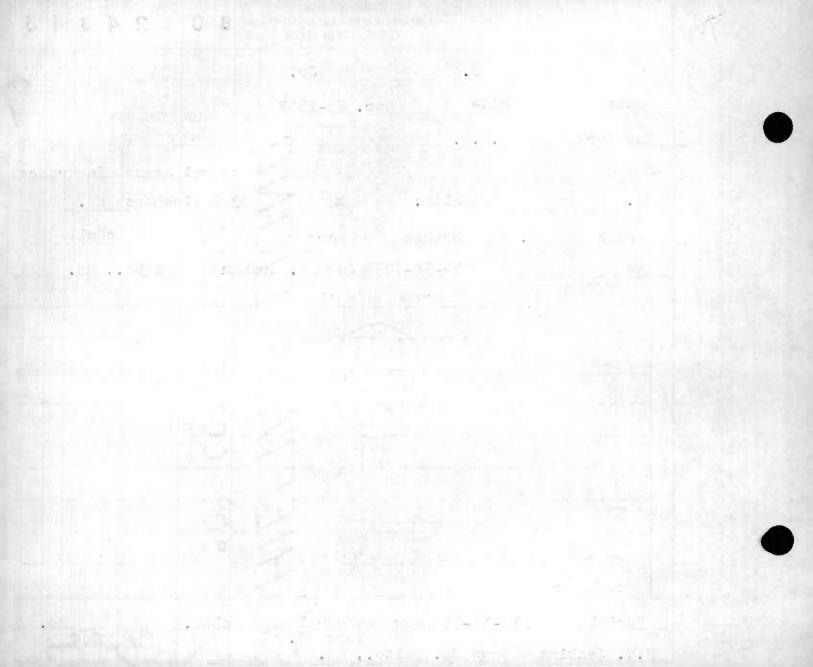


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| tours each           | ::[:              | .9.          | 2.1  | None (see 6) |
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MARYLAND 21201

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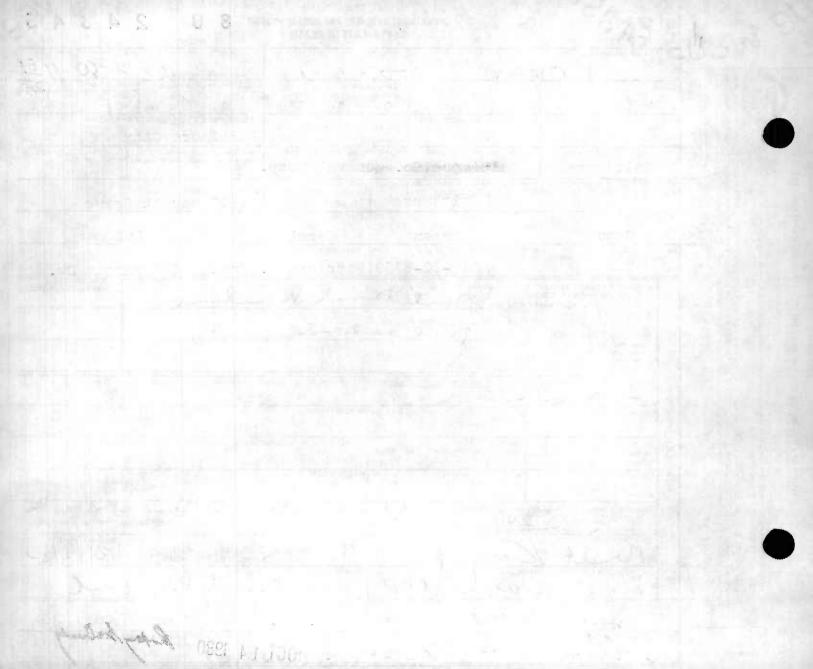
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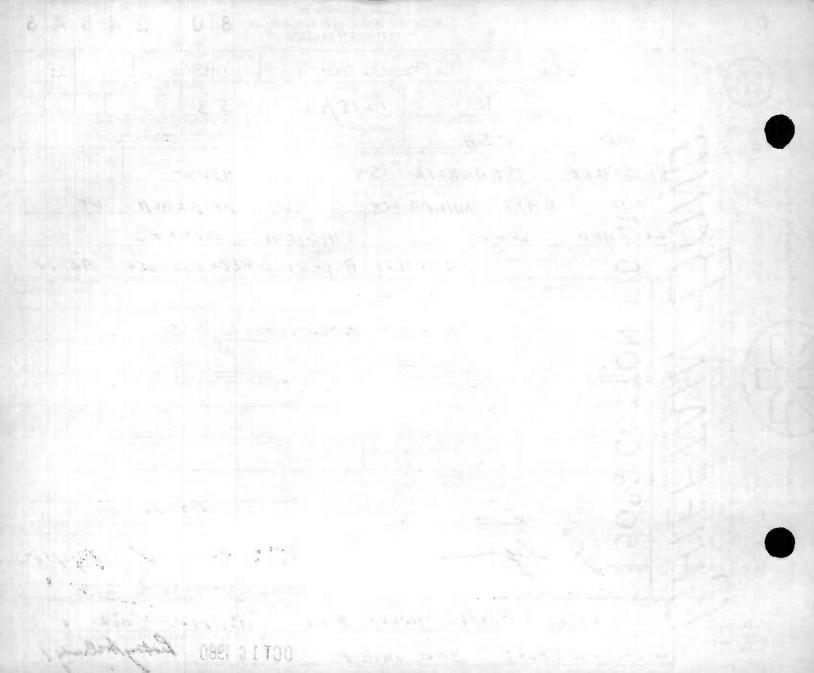


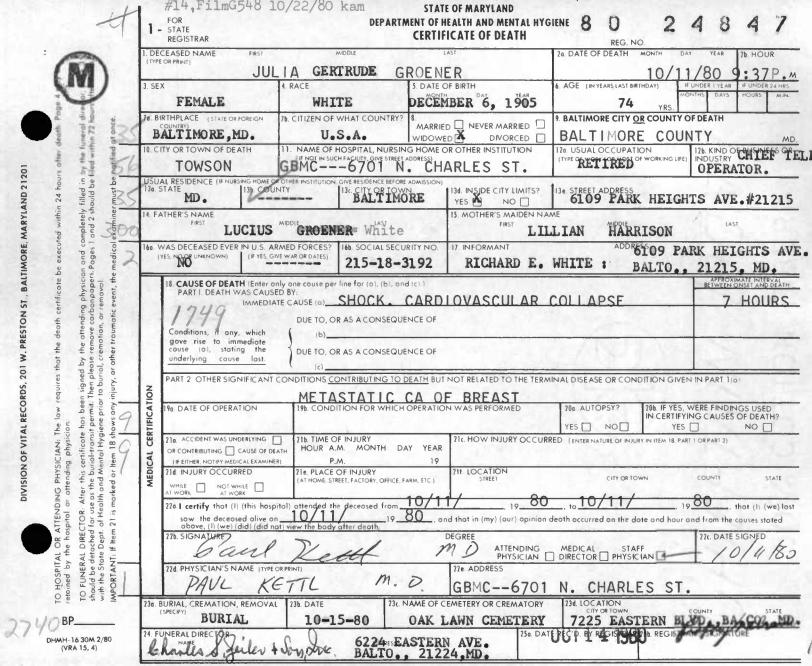
|      | FOR<br>STATE<br>REGISTRAR  | DEPAR  | STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 8 0   | 2 4 8 4 4  |
|------|--|--|--|---|--|
|      | DECEASED NAME FIRST  |  | LAST   |   | MONTH OF YEAR 26 HOUR 25   |
|      | VINTO  | ON M.  | GRAP   | OCT. O1,  | Uct. 1 1980 11:29 P. A   |
| 3.   | SEX  | 4. RACE  | 5 DATE OF BIRTH MONTH DAY YEAR                                       | 6 AGE (IN YEARS LAST BIRTH                          |  |
|      | Male   | White  | Sept 20, 1903  | 77  | MONTHS DAYS HOURS MIN  |
| 5    | BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maruland  | 76 CITIZEN OF WHAT COUNTRY $U.S.A.$  | Y? 8 MARRIED X NEVER MARRIED WIDOWED DIVORCED                        | _   | E COUNTY OF DEATH  |
| 8 10 | TOWSON   |  | SING HOME OR OTHER INSTITUTION                                       | 120 USUAL OCCUPATION                                | ON F WORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY  |
| 11   | SUAL RESIDENCE (IF NURSING HO) 30 STATE 136 C  Maruland  | ME OR OTHER INSTITUTION GIVE RESIDENCE BEF<br>COUNTY 13c. CITY OR TO<br>Baltimo  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                | 6500 Falk   | irk Rd   |
| 2011 | FATHER'S NAME FIRST  Charles   | MIDDLE LAST  F Grap  | 15. MOTHER'S MAIDEN N<br>FIRST<br>Sadie                              |   | Vinton   |
| 1 16 | a WAS DECEASED EVER IN U.S   |  |  | ADDRE<br>et F Grap                                  | ss<br>Same   |
|      |  | n ihi  | ara a  |   |  |
|      |  | DUE TO, OR A CONSECUTION CONDITIONS CONTRIBUTING TO  | TESTINAL GANGRE  | e   | DITION GIVEN IN PART 1101  206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \sigma \colon \sigma \)   |
| 7    | gove rise to immediate couse (a), stating the underlying couse lost part 2 OTHER SIGNIFICAL 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CONTRIBUTI | DUE TO, OR A CONSECTION OF THE CONDITIONS CONTRIBUTING TO SECTION OF THE CONDITION OF THE CONTRIBUTION OF  | DAY YEAR  19  211. LOCATION  | MINAL DISEASE OR CONE  200 AUTOPSY?                 | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1  |
|      | gove rise to immediate couse (a), stating the underlying couse lost part 2 OTHER SIGNIFICAL 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIPETHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20.1 certify that (1) (this because of the deceased alive sow the deceased alive and the deceased of the course of the course of the deceased of the course  | DUE TO, OR A CONSECTION OF THE CONDITIONS CONTRIBUTING TO SECTION OF THE CONDITION FOR WHICH CONDITION OF THE CON | DAY YEAR  19  211. LOCATION STREET                                   | 200 AUTOPSY?  YES NO NO RRED (ENTER NATURE OF INJUR | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO TO THE NOTION OF |

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|   |     |               |   |                              |  | ZIAII     | UP MAKTLAND  |             |   | 111               | 170             |                   |
|---|-----|---------------|---|------------------------------|--|-----------|--|-------------|---|-------------------|-----------------|-------------------|
|   | 1   | 1-            | FOR<br>STATE<br>REGISTRAR                     |                              | DEPARTM                                |           | EALTH AND MENTA  |             | NE 8 0                                  | <b>2</b> o.       | 4 8             | 4 5               |
|   |     |               | EASED NAME FIRST                              |                              | MIDDLE                                 | 1         | AST  | 20          | DATE OF DEATH                           | MONTH DA          | Y YEAR          | 26. HOUR          |
| th 3  |     | (TYPE         | OR PRINT)                                     | Wals                         | (                                      | -         | 0011   |             |   | 10-1              | 2-00            | 1151              |
| Th 26   |     | 3. SE         |   | 4 RACE                       |  | 5. DATE C | F BIRTH  | 6.          | AGE (IN YEARS LAST BIRT                 | HDAYI #           | F UNDER I YEAR  | IF UNDER 26 HRS   |
| PART 15E .  |     |               |   |                              |  | MONTH     | DAY YE   | EAR         |   |                   |                 | HOURS MIN         |
| 1 To 8 1 1  |     | 2 0.          | Male  |                              | gro                                    | 9         | 16 3   |             | 44                                      | YRS.              |                 | 1                 |
| 6 34 5  | 20  |               | RTHPLACE ISTATE OR FOREIGN                    | 1                            | WHAT COUNTRY?                          | MARRIEI   | NEVER MARRIE   | FD 1 1      | BALTIMORE CITY O                        | _                 | OF DEATH        |                   |
| 8 85 3  | 20  |               | MD  |                              | JSA                                    | WIDOWE    | Name of the last o |             | Baltimore                               | e City            | 10              | MD.               |
| the t   | 11  | 10 CI         | TY OR TOWN OF DEATH                           | 11. NAME OF                  | HOSPITAL, NURSING                      | HOME C    | ROTHER INSTITUTIO  | ON 12       | TO USUAL OCCUPATION OF WORK FOR MOST OF |                   |                 | BUSINESS OR       |
| A A A   | 00  |               | Baltimore                                     |                              |  |           | eneral Ho  | osp."       | TO TOUR TOUR MOST OF                    |                   | INDUSTRI        |                   |
| titled in   | 35  | USU/<br>I3a S | AL RESIDENCE (IF NURSING HOME<br>TATE<br>MD   |                              | Baltimor                               |           | 134. INSIDE CITY LIM   |             | STREET ADDRESS<br>6637 Maj              | rott I            | Drive           |                   |
| M 40 1  | 0   | 14 FA         | THER'S NAME                                   |                              |  |           | 15 MOTHER'S MAID   | DEN NAME    |   |                   |                 |                   |
| de de de  | 350 |               | George  | WIDDLE                       | Green                                  |           | Haze   | 7           | MIDDLE                                  | Lar               | ıffman          |                   |
| 0 0 1   |     | 16a V         | AS DECEASED EVER IN U.S. A                    |                              | 16 SOCIAL SECUR                        | ITY NO    | 17 INFORMANT   |             | ADDRE                                   |                   |                 |                   |
| 2 mm 4  |     | ()            | ES, NO OR UNKNOWN] (IF YES, G                 | IVE WAR OR DATES)            | 213-32-3                               | 2250      | Datrici  | 2 D         | Canon 61                                | 27 35-            |                 | D                 |
| at and a se   | 1   | -             |   |                              |  |           | Patricia   | a D.        | Green 66                                | 0.5 / Ma          |                 | ATE INTERVAL      |
| iffic<br>per<br>rows                                    |     |               | PART I. DEATH WAS CAUS                        | only one couse per<br>SED BY | line for (D), (b), Ond                 | 10.1      | 0 0  | )           | 0                                       |                   | BETWEEN OF      | SET AND DEATH     |
| 9 405   |     |               |   | ATE CAUSE (a)                | Noul                                   | 112       | 1  | 10 c        | - Cur                                   | 2                 |                 |                   |
| arbit arbit   |     |               | 2500  | DUE TO, O                    | R AS A CONSEQUEN                       | NCE OF    |  | 0           |   |                   | NOTE OF         |                   |
| athe ve u   |     |               | Conditions, if any, which                     | ( ıb)_                       | Dice                                   | عاله      | Land.  | S.          | Len                                     |                   |                 |                   |
| at the difference remating                              |     |               | gave rise to immediate cause (a), stating the | DUETO                        | R AS A CONSEQUEN                       | NCE OF    |  |             |   |                   | 1               |                   |
| s th  |     |               | underlying couse last.                        | (502.10, 0                   |  |           |  |             |   |                   |                 |                   |
| equires<br>igned<br>pleas<br>burial                     |     |               | PART 2 OTHER SIGNIFICANT                      |                              | ONTRIBUTING TO DI                      | EATH BUT  | NOT RELATED TO TH  | HE TERMINA  | AL DISEASE OR CONI                      | DITION GIVE       | N IN PART 1(g)  |                   |
| 8 80 .  |     | N N           | - 12  | - 0 -                        |  |           |  |             |   |                   |                 |                   |
| lav<br>Dee  | -   | CERTIFICATION | 198 DATE OF OPERATION                         | 196 COND                     | ITION FOR WHICH C                      | PERATIO   | N WAS PERFORMED  |             | 20g AUTOPSY?                            | 20h. IF YES.      | WERE FINDING    | GS USED           |
|   | 4   | FIC           |   |                              |  |           |  | 200         |   | IN CERTIFY        | ING CAUSES C    | OF DEATH?         |
| t ta die o  | -4  | ERT           | 21g. ACCIDENT WAS UNDERLYING                  | 21b. TIME C                  | NE INTITION                            |           | Tale HOW/INDIDION  | OCCUPPED    | YES NO                                  | YES               |                 | но 🗆              |
| ng physicia this certific urial-transi Mental Hy        | 0   | _             | OR CONTRIBUTING CAUSE OF E                    | 110110                       |  | YEAR      | I THOW INJUNT  | OCCURRED    | (ENTER NATURE OF INJUR                  | IT IN HEM 18, PAR | I ( OR PART 2)  |                   |
| g physic<br>g physic<br>his cert<br>irial-tra<br>Mental | 7   | CAI           | (IF EITHER, NOTIFY MEDICAL EXAMINE            | ER) P.                       | м.                                     | 19        |  |             |   |                   | +1.4            |                   |
| ending<br>After thi<br>the buri<br>and M                | 1   | MEDICAL       | 21d INJURY OCCURRED                           |                              | OF INJURY<br>REET, FACTORY, OFFICE, FA | RM FTC )  | 211 LOCATION<br>STREET   |             | CITY OR TOW                             | /N                | COUNTY          | STATE             |
| After the but hand                                      |     | \$            | WHILE NOT WHILE AT WORK                       | in rome, of                  | , netoni, orrice, ra                   | 6         |  |             |   |                   |                 |                   |
| DR: /   |     |               | 220 I certify that (I) (this has              | pital) attended th           | ne deceased from C                     | 112       |  | R           | , to 10 113                             | . 19              | 9 8 1           | hot (1) (we) last |
| CTO<br>CTO  |     |               | spw the deceased alive a                      | on 10112                     | 19 8                                   |           | d that in (my) (our) a   | apinion dea | oth accurred on the do                  | ate and hour      | and from the co | auses stated      |
| hospita<br>DIREC<br>hed for<br>Dept. of                 |     |               | obove, (I) (we) (did) (did)<br>22b. SIGNATURE | not view the bady            | ofter deoth.                           |           | DEGREE   |             |   |                   | 22c. DATE S     | IGNED             |
| AL OR AL DIRE tached for the Dept.                      |     |               | M. AJ   | 1/                           |  | 0         | ATTEND   | DING .      | MEDICAL STAF                            | F                 | 120/1           | 741               |
| ERAL DI<br>e detache<br>State De                        |     | -3            | 100   | 1000                         | m                                      |           | PHYSIC   |             | DIRECTOR PHYSIC                         | IAN 🗌             | (0)             | 3/00              |
| FUNE FUNE STATE   |     |               | Robert Robert                                 | 1Gw                          | wick                                   | yp        | 8) 26  | o Re        | lenty Po                                | lyn               | bul             | _                 |
| TO TO sho   |     | 23a B         | URIAL, CREMATION, REMOVA                      |                              |  | AME OF C  | EMETERY OR CREMA   | ATORY       | 23d LOCATION                            |                   | OUNTY           | STATE             |
|   |     | (             | Burial  | 10/18                        | 8/80 Ar                                | buti      | is Mem. 1  | Pk.         | Baltir                                  | nore              | GO.             | MD                |
|   |     | 24. FU        | INERAL DIREGIOR                               |                              | 78 4                                   |           | [2   | 25a. DATE R | EC'D. BY REGISTRAR                      |                   | 1 / See Car     | selly .           |
| DHMH-16 25<br>VRA 15, 4) 1                              |     | Wr            | . C. March                                    | F/H i                        | 101 E. N                               | orth      | Ave (  | OCT 1       | 4 1980                                  |                   |                 | /                 |
|   |     | A 4-5         | e. C. Plan Cil                                | F/11 1                       | TOT D. IN                              | OT TI     | TANC.  | 001         |   |                   |                 |                   |





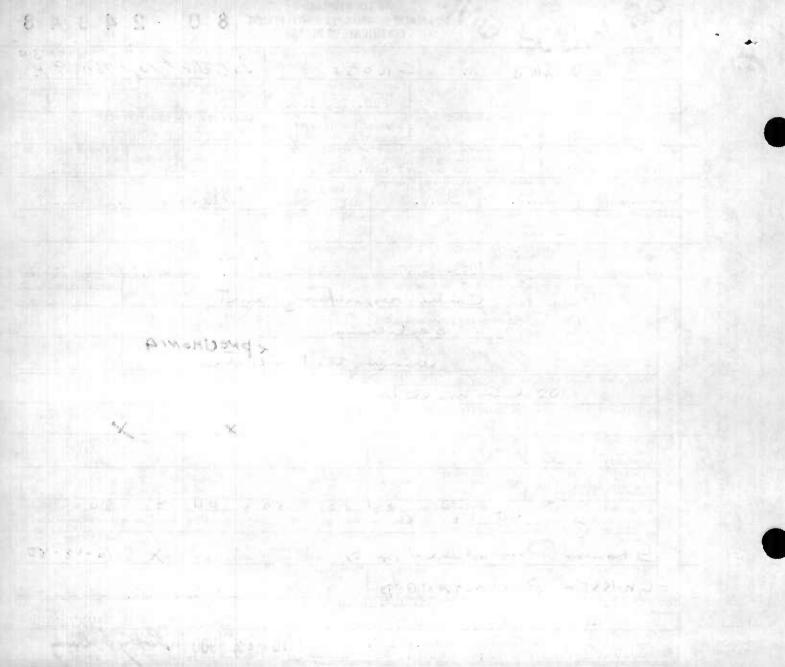


main home and district .c. II .c. luxullan TOWSON - GENC - SYNT N. CHARLES ST. LEAST - NO. ST. TELES, NA STORES AND SHOP EAST DESCRIPTION AND ADDRESS TO A STORE THE STORE CONTRACT CARRIED - 1 SERVICES CONTROLS SANGELLINEE, SANGE COID 215-11-5192 Little . William paners, 21215, 100 AND THE STATE OF A CONTRACT STR. edice - sale and in the land the sale of t 

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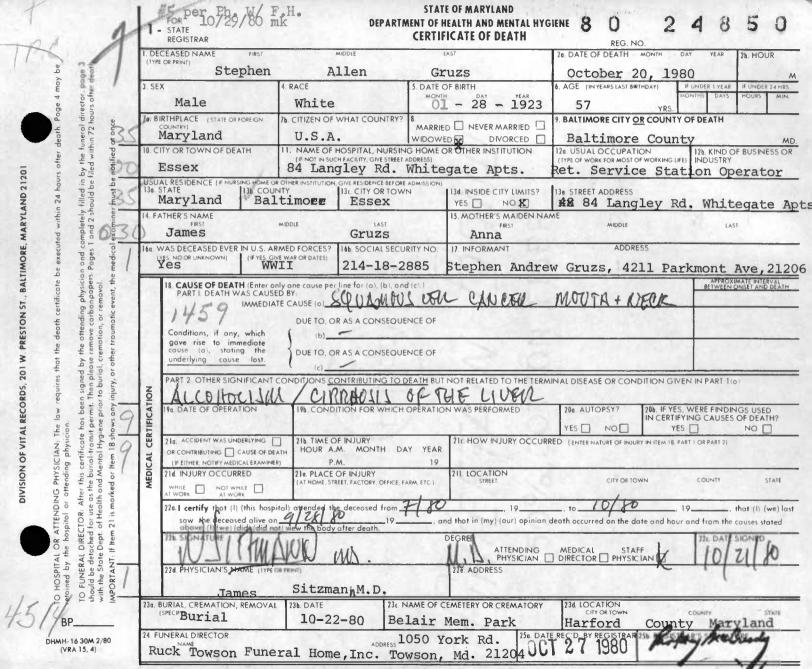
(VRA 15, 4) 1/79

6010 REISTERSTOWN RD.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH LAST 2b. HOUR DECEASED NAME (TYPE OR PRINT) 80 20 10 Grubert Lerov Henry IF UNDER LYEAR IF LINDER 24 MRS 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 4 RACE 3. SEX HOURS MONTH YEAR 05 1900 White Male BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TA BIRTHPI ACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore County TISA Marvland WIDOWED X 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IL CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Electrician Retired 9103 Carlisle Avenue Perry Hall USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 13b. COUNTY 9103 Carlisle Avenue 21236 Perry Hall NO TO Baltimore Marvland 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE John Straub Margaret Grubert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I (IF YES, GIVE WAR OR DATES) 213-07-0103 Kenneth A. Hartmann 1119 Greenway Rd. No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Coronary IMMEDIATE CAUSE (0). DUE TO, OR AS A CONSEQUENCE OF (b) advanced coronary arteriosclerosis Conditions, if ony, which gove rise to immediate DUF TO OR AS A CONSEQUENCE OF couse (o), stoting the congeneralized severe ASCVD underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) extensive pulmonary emphysema and interstial fibrosis CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? Hygiene NO I shows NOF YES T 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION 21e. PLACE OF INJURY 21d. INJURY OCCURRED COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Uct. Feb. 220.1 certify that (I) (the Karpital) attended the deceased from. , and that in (my) (Xr) opinion death occurred on the date and hour and from the causes stated June saw the decrased olive on JUNE 21 22c. DATE SIGNED DEGREE THE SIGNATURE 10/20/80 MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN should be deto with the Stote [ MPORTANT. 22e. ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) 9660 Belair Road Theodore E. Evans, M.D. 234. LOCATION 236 NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL Buria1 Parkville Baltimore Md. Parkwood Cemetery 10/23/80 250. DATE REC'D. BY REGISTRAR 256. REGIST S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M 7401 Belair Road Lassahn Funeral Home (VR A 15 (4) ) 9/74

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STATE OF MARYLAND

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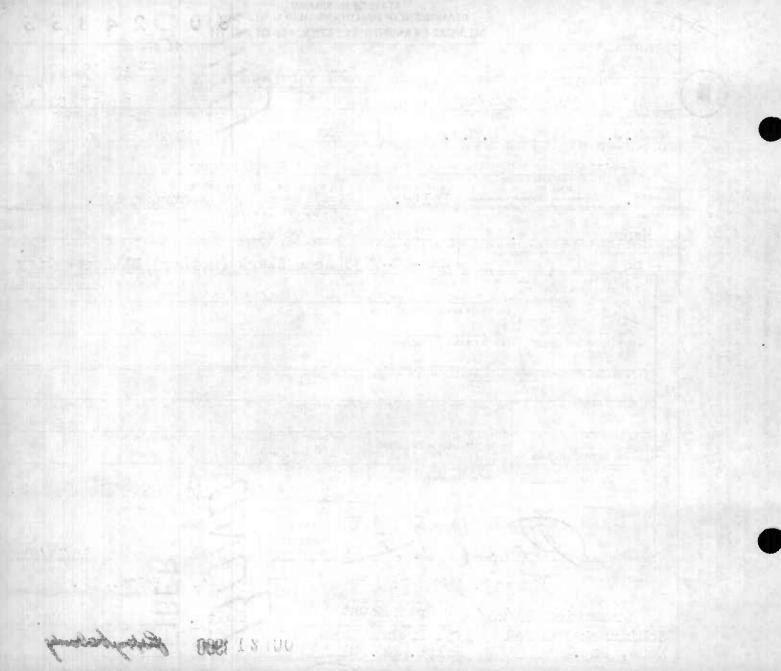
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO DECEASED NAME Palagano Ashton Hall 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1515 July 26. Male White 1926 TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KKNEVER MARRIED FOREIGN COUNTRY! U.S.A. Baltimore County. Penna. WIDOWED DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Orville Road Essex 21221 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Essex 13. SIREET ADDRESS 12 Road 13a. STATE. Baltimore YES NOTE CITY LIMITS 27 227 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST William Marie Palagano 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 21206 YES, NO, OR UNKNOWN) 1948-52 (Brother) 6202 Radecke Ave. 220 12 9520 John Hall CAUSE OF DEATH (Enter only one couse per ling for (0), (b), and (c) APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTWOLT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURI YES [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2 0 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 TIE PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE CERTIFICATE, VEXECUTE THE CERTIFICATE, VEAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STY BALTIMORE, MARYLAND, 2' 22e I certify that I took charge of the remains described above, held on Autopsy death resulted from: Suicide Homicide EXAMINER'S NAME DUNDALK 20, 1980 Sherwood Episcopal 230 BURIAL, CREMATION, REMOVAL 23b. DATE Cockeysville, Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Old Eastern Ave. (VR A15 ME (5) 15M 2/80

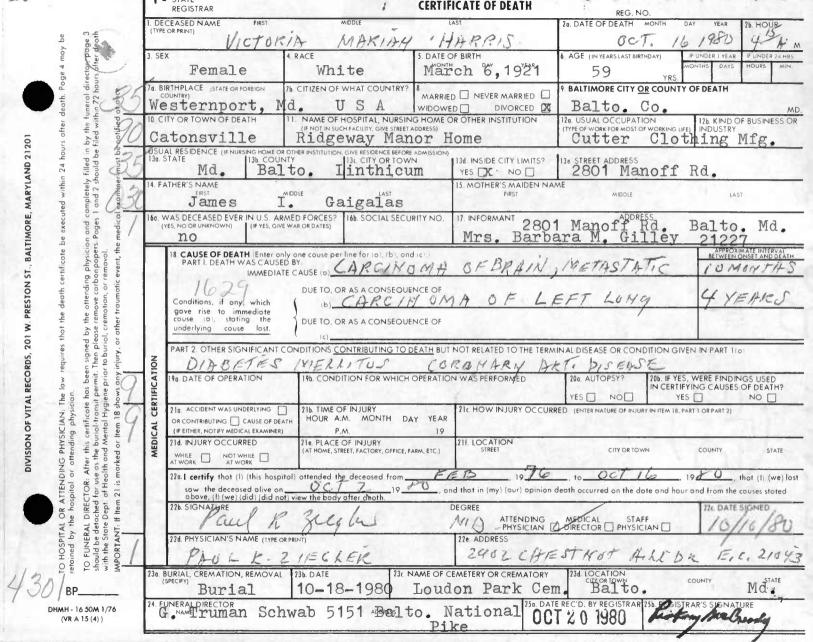
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| <b>阿佐魚田</b> )   |    | 3. SEX  |  | 4 RACE                                    |   |   | OF BIRTH                              | VEAR                           | 6 AGE (IN YE                | ARS LAST BIRT         | нбау)          | MONTHS DA      | EAR IF L            | INDER 24 HRS            |
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| 9   | 0  | O. CITY OR TOWN                                   | OF DEATH   |   |   | URSING HOME                                     | OR OTHER IN                           | STITUTION                      | 12a. USUAL O                |                       |                | 12b. KIN       | D OF BU             | SINESS OR               |
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| medicol   | 7  | 60 WAS DECEAS                                     | ED EVER IN U.S. AL   |   | 166 SOCIAL  | SECURITY NO.                                    | 17. INFORM                            |                                |                             | ADDRE                 | 55 Mai         | nor R          | d.                  |                         |
| med   | /1 | Yes, no or unki                                   | WV   | VII                                       | 705-  | 14-011  | Mrs                                   | . Barba                        | ra B.                       | Hanl                  | lon, 4         | 1723 (         | Carr                | oll                     |
| iol, cremotion, or removal.<br>or other troumotic event, tl |    | Conditions<br>gove rise<br>cause la<br>underlying | if ony, which<br>to immediate<br>stating the<br>cause last | DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c) | Cardio<br>R AS A CON<br>Acute<br>R AS A CON<br>Arteri | respira sequence of anterio sequence of osclero | Elect<br>r myoca<br>Acute<br>tic car  | romecha<br>ordial i<br>right b | nfarct<br>undle l<br>ular d | ion<br>branc<br>iseas | h blo          | on<br>ock      |                     | INTERVAL<br>I AND DEATH |
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| Mentol Hygier<br>or frem 18 show                            | 9  | OR CONTRIBUTE                                     | TIME CAUSE OF DE   | AIR                                       | OF INJURY<br>.M. MONTI<br>.M.                         | H DAY YEAF                                      |                                       | NJURY OCCURR                   | RED (ENTER NAT              | FURE OF INJUR         | LY IN ITEM 18, | PART 1 OR PART | 2)                  |                         |
| ked or H  |    | (IF EITHER, NO. 21d. INJURY WHILE AT WORK         | OCCURRED  NOT WHILE AT WORK                                | 21e PLACE<br>(AT HOME, ST                 | OF INJURY<br>REET, FACTORY, C                         | OFFICE, FARM, ETC.)                             | 21f LOCAT<br>STREE                    |                                |                             | CITY OR TOW           | /N             | COUNTY         |                     | STATE                   |
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| ote Dept<br>LT: If Hen                                      |    | 27h SIGNA   | J 4916   | Derna                                     | ule   | 2   | DEGREE                                | ATTENDING PHYSICIAN            | MEDICAL<br>DIRECTOR         | STAF                  |                |                | 0-9-                |                         |
| should be de<br>with the Stat                               |    | 200   | e Hernand  | -   |   |   | 7620                                  | York Ro                        | l. Tows                     | on, N                 | 1d. 2:         | 1204           |                     |                         |
| . 5. 3 ≧  |    | Burial, CREA                                      | MATION, REMOVAL  | 23b. DATE<br>10/13                        | 3/80  | Dulane  | CEMETERY OR                           |                                | 23d. LOCA                   | TION                  |                | COUNTY Mai     | r vla               | STATE                   |
|   | ŀ  |   | CTOR   |   |   | Darane  | y vall                                |                                | REC'D, BY RE                | GISTRAR               | 254 FL 151     | TRAR'S SIGN    | NATURE              |                         |
| 50M 1/76<br>15 (4))   |    | Martin  | D. Law   | son. 10                                   | W. P  | adonia  | Rd.                                   | OCT                            | 1 4 19                      |                       | PIST           | TRAR'S SIGN    | VATURE              | 2.                      |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2h HOUR (TYPE OR PRINT) DEATH MATED Luise 6 19 80 6. AGE (IN YEARS IF UNDER F UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) MONTHS 12:15 PRONOUNCED DEAD 26YRS Female White 77 1980 a. M 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY N. J. WIDOWEDXIX DIVORCED Baltimore County. D. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Cafe Manager 208 Montrose Avenue Catonsville ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. Md. NO F 208 Montrose Ave. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST Aede Sepp Klark Henry 0 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Md. DIVISION (YES, NO, OR UNKNOWN) 220-60-7733 Aede Klark (mother) Ellicott City no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Gunshot wound of head (nistal) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF PRIOR TO BURIAL, YES T NO . 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR X MONTH DAY YEAR UNDERLYING TOR MEDICAL self inflicted 10 1619 80 CONTRIBUTING | CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK AT WORK 208 Montrose Ave Balto. MD. home 220. I certify that I took charge of the remains described above, held on TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND, Undetermined manner death resulted fram TITLE (SPECIFY) MyDeputy Chiefmedical Examiner 10/17/80 SIGNATURE FXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. 23d. LOCATION 23¢. NAME OF CEMETERY OR CREMATORY STATE COUNTY Greenmount Cremation 10/20/80 Balto. Md 250. DATE REC'D, BY REGISTRAR 1256. REGISTRAR'S SIGNATURE Schimunek Funeral ADDRES 331 Brehms Lane **DHMH - 17** VR A15 ME (5)) Balto. Md. 21213 Home. Inc. 15M 7/76

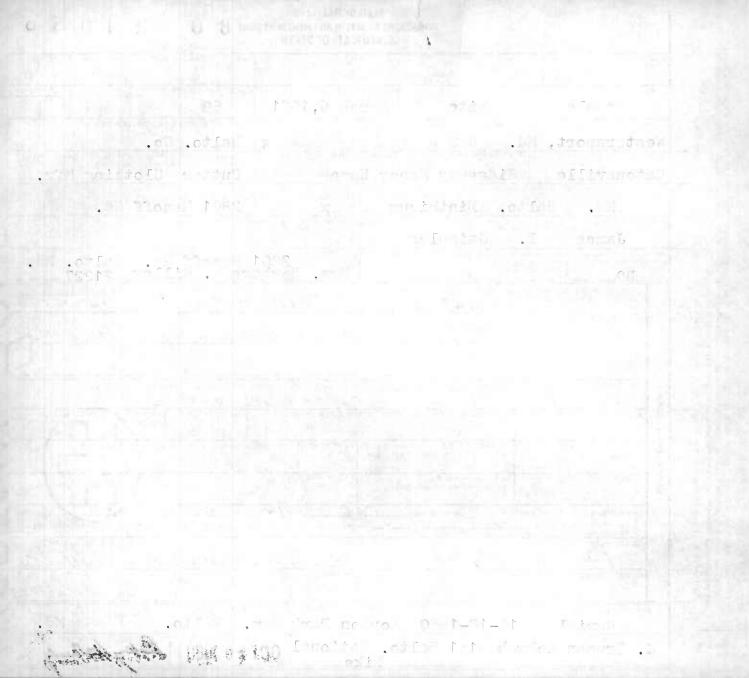




DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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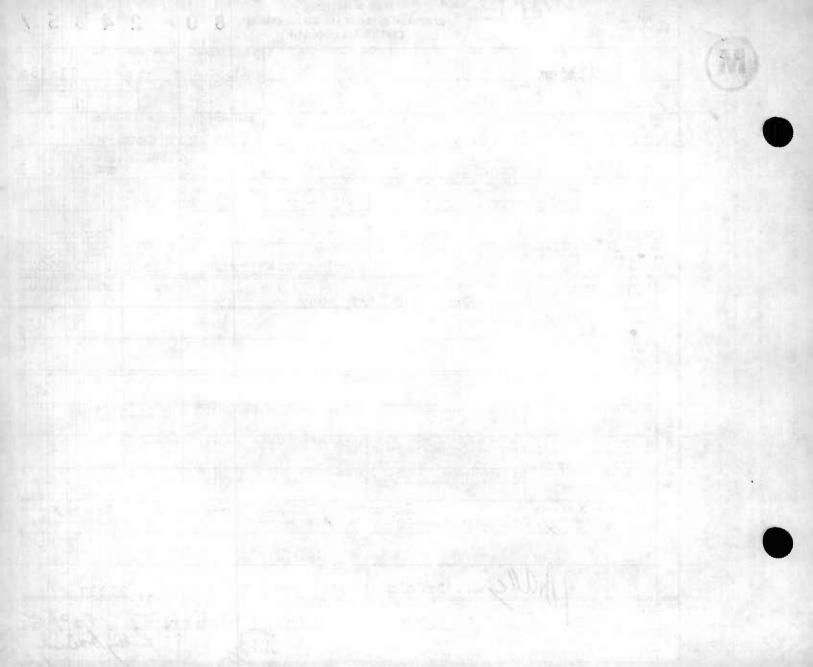
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4) 1/79



Participation of the contract of the contract

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 28. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS October 5, 1980 GEORGE HARRYMAN, JR. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MRS 4 RACE 3. SEX 12, 1899 Sept. White Male Ja. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Maryland Baltimore County WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Broadmead - 13801 York Road Glenn L. Martin Ouality Control Cockeysville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 STREET ADDRESS
13614 Alliston Drive 13b COUNTY 13d. INSIDE CITY LIMITS? Baldwin Baltimore Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Brooks Elizabeth Harryman, Sr. George ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT LIF YES, GIVE WAR OR DATES) Mrs. Elizabeth C. Harryman 13614 Alliston Dr. 215-01-2583 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY TRANSITIONAL CELL CARCINOMA OF BLADDER DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1101 Essential hypertension CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? caucer NOL YES [ DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10-5-10 80 220.1 certify that (\*) (this hospital) attended the deceased from... saw the deceased alive on 10-5-above, M. (we) (did) (did not) view the body after death. 1980 and that in (my) ( pinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED 226 SIGNATURE DEGREE relient MD ATTENDING MEDICAL 0-6-80 PHYSICIAN DIRECTOR PHYSICIAN should be o 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 1134 York Road, Lutherbille, Md. Charles E. Ellicott, M.D. 23e. BURIAL, CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Maryland Burial 10-8-1980 Harryman's Family Cockeysville ADDRESS 1050 York Road 250 DATE REC'D. BY REGISTRAR 250. HE THAT S SINGE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Ruck Towson Funeral Home, Inc. Towson, Maryland OCT (VRA 15, 4)

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|               | CEASED NAME<br>E OR PRINT)   | FIRST              | M                                   | IDDLE                           |                   | LAST                     | 20. DATE K                            | NOWN MONTH                | DAY YEA                 | R 26 HOUR          |
|               | I  | HARRY              | Additions                           | D.                              |                   | MIRE                     | DEATH /                               | MATED COLO                | er1419 8                | 040M               |
| 3. SEX        |  | MON                | TE OF BIRTH                         | YEAR LAST BIR                   | HOAY MONTH        |                          | R 24 HRS. 2c. DATE                    | MONTH                     | DAY YE                  | AR Ad HOUR         |
|               | <b>'</b>   |                    | /27/30                              | 50                              | YRS.              | NOW S                    | DEAD!                                 | di Toka                   | 114-198                 | 2 4PM              |
| 70. BI        | RTHPLACE (STATE OR REIGN COUNTRY)                                      | 7b. C              | TIZEN OF WHAT                       | COUNTRY?                        | 8. MARRII         | EDXX NEVER MAR           | RIED 9. BALTIMO                       | RE CITY OR COUN           | TY OF DEATH             | No. of Contract of |
| 2110          | Maryland   |                    | U.S.A.                              |                                 | WIDOW             |                          | CED   Bal                             | timore Coi                | unty                    | MD.                |
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|               | TOWSON   | S                  | T. JOSE                             | EPH HOS                         | PITAL             |                          | Mechanic                              | 110 (11)                  | Purolat                 | or                 |
| USUA<br>13a S | L RESIDENCE (IF IN NURSI   | NG HOME OR OTHER   |                                     | ESIDENCE BEFORE ADM             |                   | 13d. INSIDE CITY LIMITS? | IJe. STREET ADDRES                    | ς                         | Securit                 | У                  |
|               | ryland   | Baltimo            |                                     | Woodlawr                        |                   | YES NO                   | x 7306 Wind                           | sor Mill                  | Road                    |                    |
|               | THER'S NAME  | MIDDI              |                                     | 1.467                           |                   | 15. MOTHER'S MAIL        | DEN NAME                              | DIE                       |                         |                    |
| 1             | Henry  | MIDDI              |                                     | laymire                         |                   | Laura                    | V.                                    |                           | Gilpin                  |                    |
| 16a. W        | VAS DECEASED EVER IN   | U.S. ARMED FO      | ORCES?                              | 66. SOCIAL SECU                 | RITY NO.          | 17. INFORMANT            |                                       | ADDRESS                   |                         |                    |
| /             | No   | F TES, GIVE WAR OR | DAIES]                              | 216-28-                         | 3713              | Margaret                 | Haymire 730                           | 06 Windson                | Mill                    | Road               |
| z             | couse (a) stating the lying couse last.  PART 2 OTHER SIGNIFICANT (    |                    | (c)                                 | A CONSEQUENCE                   |                   | OR CONDITION GIVEN IN I  | PART 1 (a).                           |                           |                         |                    |
| CERTIFICATION | 190. DATE OF OPERATI   | ON                 | 19b. CONDITION                      | N FOR WHICH O                   | PERATION W        | AS PERFORMED?            |                                       |                           | 20. AUTOP               | SY?                |
| THE LE        | 21g. EXTERNAL CAUSE  | WAS                | 21b. TIME OF IN.                    | ILIDY                           | 121. 110          | W MILLIAN OCCUPA         | RED LENTER NATURE OF INJUI            |                           | YES [                   | NO                 |
|               | UNDERLYING OR  |                    | HOUR A.M. M                         | ONTH DAY Y                      | AR THE            | W INJURY OCCUR           | CED TENTER WATORE OF INJUI            | CY IN HEM IS PART I OR PA | ART 2)                  |                    |
| MEDICAL       | 21d. INJURY OCCURRED WHILE AT WORK AT WO                               |                    | 21e. PLACE OF I<br>STREET, FACTORY, | NJURY (AT HOME<br>, FARM, ETC.) |                   | ATION                    | CITY OR TOWN                          | 4 co                      | DUNTY                   | STATE              |
|               | 220. I certify that I to<br>death enabled train<br>ACTUAL<br>SIGNATURE | Natural cause      | TXI                                 | cident ,                        | Autops<br>Suicide | Homicide                 | on A. Inquiry [ Undetermined mon      | DATE                      | 10/                     | 4/80               |
| 1             |  |                    |                                     | NNELL, N                        |                   |                          | 1 York Road                           | 1, 21204                  | / /                     |                    |
| (5            | JRIAL CREMATION, REA   | Market Control     |                                     | 23c. NAME OF                    |                   |                          | 23d. LOCATION<br>CITY OR TOWN         | con                       |                         | STATE              |
|               | rial UNERAL DIRECTOR   | 10/                | 17/80                               | Wood lav                        | vn Ceme           |                          | Woodlawn                              | Balti                     |                         | Md.                |
|               | bard Funer   | al Home            | 4107 Wi                             | llkens A                        | ve.               | O.C.                     | F 1 6 1980                            | Registrar's               | A CASE                  |                    |

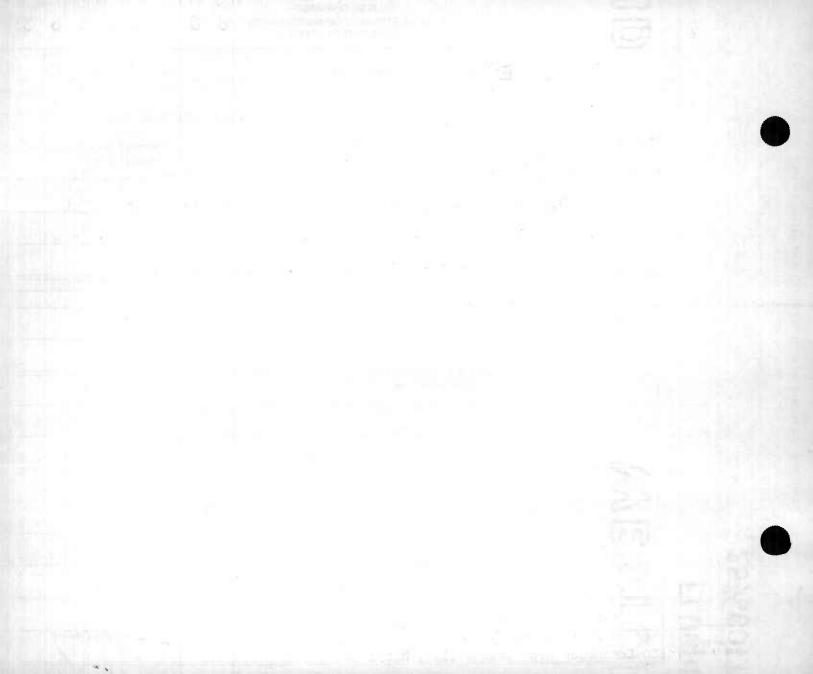
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| unginin landitari  |                 |               |         |           |

|   | 1.            | FOR<br>STATE<br>REGISTRAR   | DEPA   | RTMENT OF H                          | E OF MARYLAND<br>IEALTH AND MENTAL HYG<br>ICATE OF DEATH | 0 0  | 2.4                      | 1 8 6   |
|---|---------------|---|--|--------------------------------------|--|--|--------------------------|---|
|   | I. DE         | CEASED NAME FIRST   | WIDDLE   | - 1                                  | AST  | REG. N   |                          | YEAR 2b. HOUR                                   |
|   | (TYPE         | Leo   | pold J.  |                                      | HEINZ  | October 27   | , 1980                   | 3:40  |
|   | 3. SE         | K   | 4 RACE   | 5. DATE C                            |  | & AGE (IN YEARS LAST BIRT                                  | HDAY) IF UNDE            | R 1 YEAR IF UNDER 2                             |
|   |               | Male  | White  | May                                  | 3, 1909 YEAR   | 71   | YRS.                     | DAYS HOURS                                      |
| 7-1   | 7a. BI        | RTHPLACE (STATE OR FOREIGN DUNTRY)  Germanu   | 76 CITIZEN OF WHAT COUNT  U.S.A.   | RY? 8<br>MARRIE<br>WIDOWE            | DE NEVER MARRIED DI                                      | Baltimore CITY C   |                          | ATH   |
| 57  | IO CI         | TY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NUI  | RSING HOME C                         | OR OTHER INSTITUTION                                     | 12ª USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST OF<br>FOREMAN | ON 12b.                  | KIND OF BUSINES                                 |
| 33  | 13a S         | AL RESIDENCE (IF NURSING HOME<br>ITATE 13b/CO   |  |                                      | 13d. INSIDE CITY LIMITS?<br>YES A NO                     | 130 STREET ADDRESS<br>3112 West:                           | field Ave                |   |
| 300   | 14 FA         | THER'S NAME FIRST ?   | MEDDLE LAST Hein   | z                                    | 15 MOTHER'S MAIDEN NA FIRST Theresa                      | WE   | Rie                      | ger   |
| 2   |               | VAS DECEASED EVER IN U.S. (155, NO OR UNKNOWN)   11F YES, C   | IVE WAR OR DATES)  |                                      | 17 INFORMANT   | ADDRE  |                          |   |
| 1   |               | No  |  | 3-9136                               | Mrs Martha   | Heinz  | Same                     | APPROXIMATE INTERVIET WEEK AND D                |
| 2   | CERTIFICATION | cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN.  19a DATE OF OPERATION.   | DUE TO, OR AS A CONSE  | TO DEATH BUT                         |  | NINAL DISEASE OR CON                                       | 20b. IF YES, WERE        | PART 1101<br>E FINDINGS USED<br>CAUSES OF DEATI |
| - for                                       | F             |   |  |                                      |  |  |                          | THOSES OF DEATH                                 |
|   |               |   |  |                                      |  | YES NO   | YES 🗌                    | NO 🗆  |
| 9   |               | 21g. ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING CAUSE OF I<br>  IF EITHER, NOTIFY MEDICAL EXAMIN  | EATH HOUR A.M. MONTH   | DAY YEAR                             | 216 HOW INJURY OCCUR                                     |  |                          |   |
| 9   | MEDICAL CEI   | OR CONTRIBUTING CAUSE OF  | EATH HOUR A.M. MONTH   | 19<br>FICE, FARM, ETC.(              | 211 LOCATION<br>STREET                                   |  | RY IN ITEM 18, PART 1 OR | PART 2)   |
| IMPORTANT: If Item 21 is marked or Item 18- |               | OR CONTRIBUTING CAUSE OF I  SETTHER, NOTIFY MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE AT WORK  22d. I certify that NO (this has  sow the deceased olive. | HOUR A.M. MONTH P.M.  21s PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF | 19 FICE, FARM, ETC.  Om Octob 9 , ar |  | CITY OR TOV  to Uctober  death accurred an the de          | YN COL                   | PART 2) INTY STA                                |

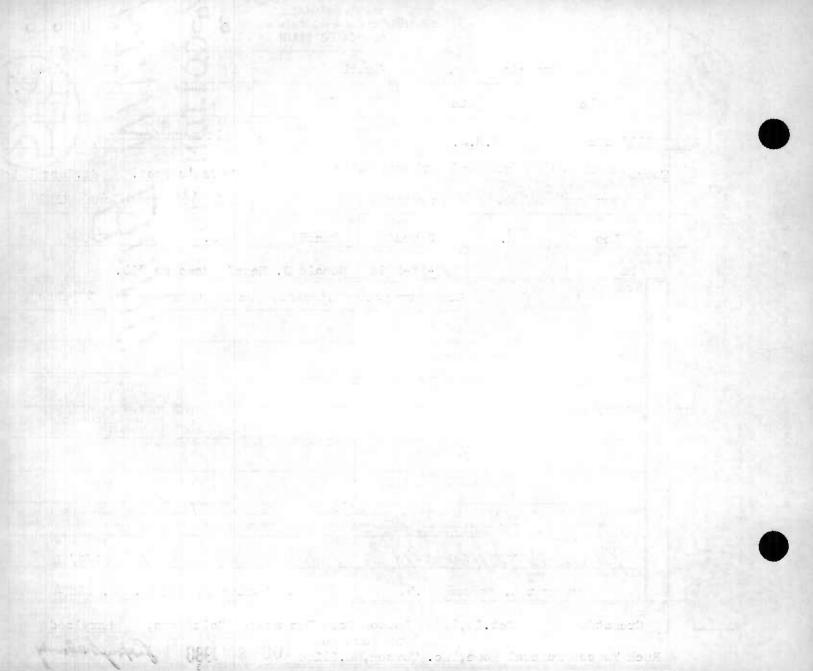
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20. DATE OF DEATH MONTH AMELIA MARIE HELWIG October 23. 1980 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Female White August 8, To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland US Baltimore County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Retired (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
1312 Pleasant Valley Drive (TYPE OF WORK FOR MOST OF WORKING LIFE) Catonsville Seamstress PRESTON ST., BALTIMORE, MARYLAND 21201 Seamstrees ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 130 CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore Catonsville 1312 Pleasant Valley Dr 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST George Rossmann Martha erma 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO 21228 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-10-8781 no Mrs. Elaine T. Redmond, 1312 Pleasant Valle APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse to, stating the underlying cause lost DIVISION OF VITAL RECORDS, 201 NOT RELATED TO THE TERMINAL DISEASE OF COMPITION GIVEN IN PART WO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mental Hygi 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the eleceased from sow the deceosed alive on above, (1) (we) (did) (did not) view the bady after death that in (my) (our) apinian death occurred an the date and haur and from the causes stoted 226. SIGNATURE DEGREE DATESIGNED ATTENDING Should be detor with the Stote D MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANI 22d PHYSICIAN'S NAME (TYPE OF PRINT) Me ADDRESS Westview Mall Dr. William Bryson 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Baltimore Md STATE 10/25/80 Western Cemetery Burial 24 FUNERALDIRECTOR 1630 Edmondson Avers Catonsville, Md DHMH - 16 60M 1/75 (VRA 15 (4)) tzke Funeral Home of Catonsville.P.A. 21228

|                   |           | Tues and    |              | autority. | rismo T    |
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| 6   | 1             | FOR<br>STATE    |                          | D   | EPARTMENT OF H        | OF MARYLAND<br>EALTH AND MENTAL HY | GIENE 8           | 0             | 2              | 4 8                     | 3 6 3                            |
|-----|---------------|-----------------|--------------------------|---|-----------------------|------------------------------------|-------------------|---------------|----------------|-------------------------|----------------------------------|
| v   | Ŀ             | REGISTRAR       |                          |   |                       | CATE OF DEATH                      |                   | REG. NO       | ).             |                         |                                  |
|     |               | CEASED NAM      | MARY                     | EVELYN  | He                    | mler                               | 20 DATE OF D      | EATH A        | MONTH D        | 7 80                    | 2b. HOUR 930 5                   |
|     | 3 SE          | X—              | 1                        | 4 RACE  | S DATE C              | F BIRTH                            | 6 AGE (IN YEAR    | IS LAST BIRTH |                | IF UNDER 1 YEAR         | IF UNDER 24 HRS                  |
|     | _             | remo            | le                       | Cauc  | 8                     | 14 08                              | 12                |               | YRS.           | -113                    |                                  |
| 3.5 | 70. B         | OUNTRY)         | STATE OR FOREIGN         | 76 CITIZEN OF WHAT COL                              | UNTRY? MARRIEI        | NEVER MARRIED                      | 1./ [ ] \         | CITY OF       | COUNTY         | OF DEATH                |                                  |
| 30  | 10 C          | ITY OR TOWN     |                          | 11. NAME OF HOSPITAL,                               | NURSING HOME C        | ROTHER INSTITUTION                 | 12e. USUAL OC     | OR MOST OF    | WORKING LIFE   | 126. KIND (<br>INDUSTRY | OF BUSINESS OF                   |
| 10  | USU           | AL RESIDENC     | E (IF NURSING HOME OF    | ROTHER INSTITUTION, GIVE RESIDEN<br>NTY 13c. CITY ( | THE PINE              | S-latonsull                        | er cler           | ica           |                |                         |                                  |
| 35  | 13e.          | Md.             | Howa                     |   | ortown                | 13d INSIDE CITY LIMITS?            | 13e. STREET AD    |               | 2 1 11         |                         | 7 -                              |
|     | 14. F         | THER'S NAM      | \E                       |   | SOCC CICY             | 15. MOTHER'S MAIDEN N              |                   |               | ud Va          | lley R                  | nad                              |
| 30  |               | EIRST           | nes                      | MIDDLE  | ANDES                 | ANALLE                             | _                 | MIDDLE        |                | Per                     | e5                               |
|     | 16a \         | VAS DECEAS      | ED EVER IN U.S. AR       |   | AL SECURITY NO.       | 17 INFORMANT                       |                   | ADDRES        | SS             | NL-T-U                  | -6-3                             |
| 2   | (             | res, no or unki |                          | E WAR OR DATES)                                     | 28-6853               | Ronald F. H                        | emler             | Same          | as #           | 13                      |                                  |
|     |               |                 |                          | nly one couse per line for (a)                      | (b) and ich           | 4                                  | 10111202          | Camo          | 40 11          |                         | MATE INTERVAL<br>ONSET AND DEATH |
|     |               | PART I. E       | DEATH WAS CAUSE          | TE CAUSE (0) G/10                                   | 1 / /                 | - brain                            |                   |               |                |                         | -5200                            |
|     |               | 191             | 9 IMMEDIA                |   | use our use or        |                                    |                   |               |                |                         |                                  |
|     |               | Conditions      | , if ony, which          | DUE TO, OR AS A COI                                 | NSEQUENCE OF          |                                    |                   |               |                |                         |                                  |
|     |               | gove rise       | to immediate             | ) (b)   |                       |                                    |                   |               |                | +                       |                                  |
|     |               | underlying      | , stating the couse last | DUE TO, OR AS A COI                                 | NSEQUENCE OF          |                                    |                   |               |                |                         |                                  |
|     |               | DARY 2 OT       | UED SIGNUEIGANIT         | (c)   | 10 10 05 111 011      |                                    |                   |               |                |                         |                                  |
|     | z             | PARI 2 OII      | TER SIGNIFICANT          | CONDITIONS CONTRIBUTE                               | NG TO DEATH BUT       | NOT RELATED TO THE TER             | MINAL DISEASE     | OR COND       | ITION GIVE     | N IN PART 1             | 01                               |
|     | CERTIFICATION | In DATE OF      | FOPERATION               | 196 CONDITION FOR                                   | WHICH OPERATION       | L WAS PERFORMED                    | 20a AUTOP         | SY?           | 20h IF YES     | WERE FINDI              | NGS HEED                         |
| 2   | FIC           | 25 Man          |                          | 0   | ne-biasi              | THE TEN ORMED                      |                   |               | IN CERTIFY     | ING CAUSES              | OF DEATH?                        |
|     | ERTI          |                 | T WAS UNDERLYING         |   | HE - WINGE            | 21. HOW IN HURY OCCU               |                   | VO ☑.         |                |                         | NO 🗌                             |
| 9   | -             | OR CONTRIBU     | The DE CAUSE OF DEA      | ATH HOUR A.M. MON                                   | THE DAY YEAR          | 21c HOW INJURY OCCU                | KKED (ENIEK NATUR | IE OF INJURY  | IN IIEM 18, PA | RT   OR PART 2)         |                                  |
| 1   | CA            | (IF EITHER, NO  | TIFY MEDICAL EXAMINER)   | P.M. (*   | 19                    | 10/14                              |                   |               |                |                         |                                  |
|     | MEDICAL       | WHILE AT WORK   | MOYWHILE                 | 216 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY,   | , OFFICE, FARM, ETC ) | 211 LOCATION<br>STREET NA          | c                 | ITY OR TOWN   | 7              | COUNTY                  | STATE                            |
|     |               |                 | 7.5                      | tal) attended the deceased                          | from 1/9              | 19 8                               | to /              | 0/7           |                | 9 80                    | that (1) (we) las                |
| -   |               | sow the         | deceased alive on        | 1) view the body ofter death                        | 19                    | that in my (our) opinion           | death accurred    | on the dot    | te and hour    | and from the            | couses stated                    |
|     |               | 22b. SIGNA      |                          | y view the body offer deoff                         |                       | EGREE                              |                   |               |                | 22c. DATE               |                                  |
|     |               | CK              | eles F. /X.              | rela 1  |                       | MO ATTENDING                       | MEDICAL           | STAFF         |                | Oct.                    | 7. 1983                          |
|     |               | 00              | IAN'S NAME TYPE OF       | R PRINT)  |                       | 22e. ADDRESS                       | DIRECTOR _        | PHYSICIA      | AN             | 007                     | 1/100                            |
|     |               |                 | 65 R. GRI                | 24  | m o                   | 6209 Fredon                        | it Rd.            | BORT          | 102            | 1223                    | 747-747                          |
|     | 23- 5         |                 | ATION, REMOVAL           |   |                       |                                    |                   |               | -              |                         |                                  |
|     | 230 t         | SPECIFY)        |                          |   |                       | METERY OR CREMATORY                | CITY OR TO        |               |                | COUNTY                  | STATE                            |
|     | 24 5          |                 | urial                    | 10/10/80  | New Ca                | thedral                            | Balti             |               | 0              | Maj                     | tyland                           |
|     | 24 FI         | NAME            | Witzke                   | Funeral Hom   | as of Cato            | nsville 00                         | T O 10            | 80            | III DESIGN     | all years               | URBOTT                           |
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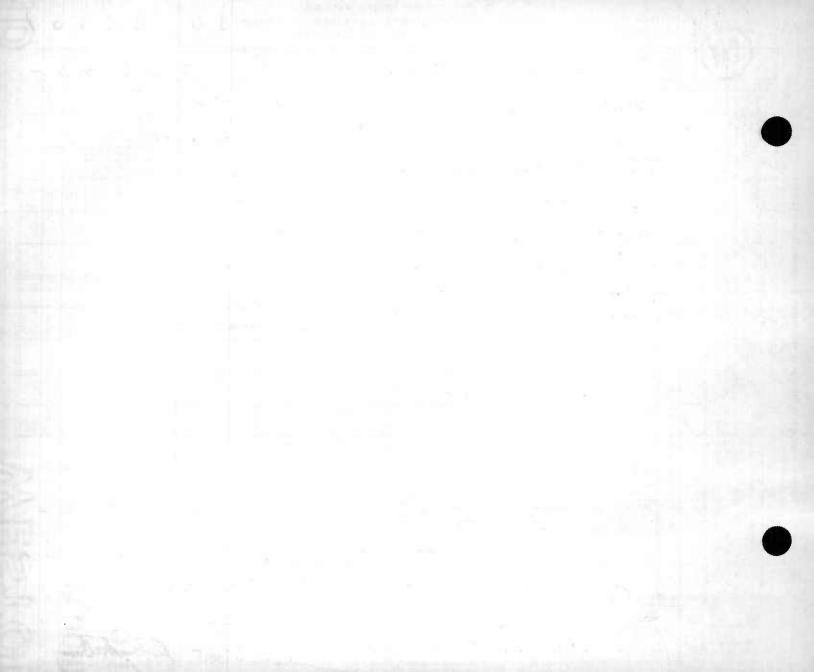
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| 6   |               | FOR                             |           |                    |                 |                | DEPART      | ST.                                    |             | MARYLA<br>H AND A |                    | HYGIEN         | VES 15                               |                         | 0               | A 5 /                      | ,                             |
|-----|---------------|---------------------------------|-----------|--------------------|-----------------|----------------|-------------|--|-------------|-------------------|--------------------|----------------|--------------------------------------|-------------------------|-----------------|----------------------------|-------------------------------|
| X   |               | STATE<br>REGISTRAR              |           |                    |                 |                |             | EXAMI                                  |             |                   |                    | OF DE          | ATH                                  | REG. I                  | NO.             | 4 0 0                      | ) 0                           |
| '   |               | EASED NAME OR PRINT)            | E         | FIRST<br>Mar       | У               |                | MIDDLE      |  |             | Hept:             | ing                |                | 20. DATE<br>OF<br>DEATH              | KNOWN<br>ESTI-<br>MATED | MONTH           | 24 1980                    | T. T. OOK                     |
|     | 1.5E)         |                                 | 4 RAC     | Ε                  | S DATE<br>MONTH | OF BIRTH       | YEAR        | 6. AGE (IN                             |             | NDER 1 YR.        | IF UNDS            | ER 24 HRS.     | PRONOUN                              | NCED                    | MONTH 10        | DAY YEAR                   | R 2d. HOUR                    |
| 1   | 1,400,70      | male<br>RTHPLACE (S             |           | nite               | 09              | 28<br>EN OF WI | 08          |  | YRS.        |                   |                    |                | DEAD                                 |                         |                 | 24 <sub>19</sub> 8         | 0 3.1×                        |
| 7.5 | FO            | REIGN COUNTRY)                  |           | ia                 | -               | J.S.A          |             | VIKT!                                  |             | RIED N            | EVER MAR           |                |                                      | altim                   | _               | County                     | MD.                           |
| 3   | -             | Pennsyl<br>TY OR TOWN<br>Oodlaw |           | ATH                | II. NAN         | AE OF HOS      | PITAL NU    | JRSING HOA<br>STREET ADDRESS<br>rn Mot | el          | HER INSTIT        | UTION              | FOR            | SUAL OCCU<br>R MOST OF WOR<br>Homema | KING LIFE)              | TYPE OF WORK    | 12b. KIND OF 8<br>OR INDUS | BUSINESS                      |
| 0   | 13e. S        |                                 |           | 13 COUN            | TY              | STITUTION, GI  | 13c. CIT    | Y OR TOWN                              | SION)       | -                 | CITY LIMITS?       |                | REET ADDRE                           |                         |                 |                            |                               |
|     | _             | orida                           | -         | Pinel              | Llas            |                | Du          | nedin                                  |             | YES _             | HER'S MAI          |                |                                      | inia                    | Ct. A           | pt. 103                    | ,                             |
| 7   | 19. 17        | Rober                           |           |                    | MIDDLE          |                | Sto         | phan                                   |             |                   | first<br>liza      | DEITINA        | N                                    | NDDLE                   |                 | Unknown                    |                               |
| -   |               | VAS DECEASE                     | D EVER    |                    |                 |                |             | CIAL SECUR                             | ITY NO.     | 17. INFO          |                    |                |                                      | ADDRE                   |                 | bine, M                    |                               |
|     | (4            | No. or unkni                    | OWN)      | (IF YES, GIVE      | WAR OR DAT      | res)           | 21          | 6-60-                                  | 9661        | C.                | Thomp              | son I          | Pardoe                               |                         |                 | Mulli                      |                               |
|     |               | 18. CAUSE C                     |           |                    |                 |                | far (o), (b | ), and (c).)                           |             |                   |                    |                |                                      |                         |                 | APPROXIMA                  | ATE INTERVAL<br>SET AND DEATH |
|     |               | PARTID                          | EATH W    | AS CAUSES          | TE CAUSE        | (a)            | _           | re of                                  |             | ic and            | eurys              | m              |                                      |                         |                 |                            |                               |
|     |               | 44                              | 15        | h tak              | DI              | UE TO, OR      | AS A CO     | NSEQUENC                               | OF          |                   |                    |                |                                      |                         |                 | 193                        |                               |
|     |               |                                 | ise to    | immediate          | 1               | (b)            |             |  |             |                   |                    |                |                                      |                         |                 |                            |                               |
|     | 13            | lying co                        |           | the <u>under</u> - | ) 01            |                | AS A COI    | NSEQUENC                               | OF          |                   |                    |                |                                      |                         |                 | 100                        |                               |
|     | z             | PART 2 OTHER S                  | IGNIFICAN | IT CONDITIONS      | CONTRIBUTII     | NG TO DEATH    | BUT NOT REL | ATEO TO THE TE                         | RMINAL DISE | ISE OR CONOIT     | ION GIVEN IN       | PART 1 (a).    |                                      |                         |                 |                            |                               |
| _   | CERTIFICATION | 196. DATE O                     | F OPERA   | ATION              | 19              | % CONDI        | TION FOR    | WHICH OP                               | RATION      | WAS PERFO         | RMED?              |                |                                      |                         |                 | 20. AUTOPS                 | Y?                            |
|     | IFIC          |                                 |           |                    | 2               |                |             |  |             |                   |                    |                |                                      |                         |                 | YES X                      | NO 🗌                          |
| Ī   | E E           | 21a. EXTERN                     |           |                    |                 | 16. TIME O     |             | H DAY YE                               | 21c.        | HOW INJUR         | Y OCCUR            | RED (ENTER     | R NATURE OF IN                       | JURY IN ITEM            | 1B PART 1 OR PA |                            |                               |
|     |               | UNDERLY INCONTRIBUT             | ING 🗌     | CAUSE OF           | DEATH           | P.N            | ١.          | 19                                     |             |                   |                    | W 111          |                                      |                         | 574             |                            |                               |
|     | MEDICAL       | 21d. INJURY<br>WHILE            |           |                    | 2               |                | OF INJURY   | Y (AT HOME,<br>ETC.)                   | 21f. L      | OCATION<br>STREET |                    |                | CITY OR TO                           | WN                      | cc              | YTAU                       | STATE                         |
|     | 1             | AT WORK                         | WIA       | ORK _              |                 |                |             | United States                          |             |                   |                    |                |                                      |                         |                 |                            |                               |
|     |               | 220. I cert                     | ify that  | I taak chorg       | ge of the r     | emoins de      | scribed ab  | ave, held on                           | Auto        | psy XX.           | Inspect            | tion .         | Inquiry                              |                         | ond in my o     | pinion                     |                               |
|     |               | death resul                     | ted fron  | n: Naty            | ral cause       | X              | Accident    | L.,                                    | Suicide     | Hon               | nicide 🔲           | Unde           | etermined m                          | anner                   |                 |                            |                               |
|     |               | ACTUAL<br>SIGNATURE             |           | 1                  | He              | JU             | al          | D                                      | 43          | ASS:              | (SPECIFY)<br>istan | t ME           | DICAL EXAM                           | AINER                   | DATE            |                            | 5/80                          |
| 2   |               | EXAMINER'S                      |           | Н                  | lorme           | z R.           | Guar        | d,M.D.                                 |             | _ADDRESS          | 111                | Penr           | Stro                                 | et_Re                   | 11+0            | MD 2120                    | 1                             |
|     | 23c. B        | URIAL, CREMA                    | ATION,#   |                    |                 |                |             | NAME OF C                              |             |                   |                    | 23d. L         | OCATION<br>Y OR TOWN                 | عطوعات                  |                 | INTY                       | STATE                         |
|     | E             | tombme                          |           |                    |                 | 30-80          |             | Silvan                                 | Abbe        | y Mem             | Pk.                | D <sub>1</sub> | unedir                               |                         |                 | AS A FI                    |                               |
|     |               | UNERAL DIRE                     |           | Balto              |                 |                |             | . 2122                                 |             |                   |                    |                | N REGISTRA                           | AR Esh                  | soften 1        | NO LEWIS DE                | 1                             |
|     | H             | ibbard                          | Fun       | eral I             | Home,           | Inc            | . 410       | )7 Wi                                  | lkens       | Ave.              | 00                 | 11 6           | 1000                                 |                         | /               | 1                          | /                             |

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|---------------|---------------|--|---|--------------------|--|--|---|
| 1             | DŽ41          | FOR<br>STATE<br>REGISTRAR  |   | CERTII             | FICATE OF DEATH                              | IENE 8 U   | 24867   |
| 7             |               | EASED NAME FIRST HEAR  | V - Hej   |                    | LAST   | 20 DATE OF DEATH   | MONTH DAY YEAR 26. HOUR   |
| ,             | 3 SE)         |  | RACE  | 5. DATE (          |  | 6 AGE (IN YEARS LAST BIRT                                      |   |
|               |               | male   | White   | MONT               | - 19-1888                                    | 92   | MONTHS DAYS HOURS MIN   |
| F             |               | THPLACE (STATE OR FOREIGN UNTRY)  Maruland   | 76. CITIZEN OF WHAT COU   | MARRIE             | -/-  | BALTIMORE CITY O   | R COUNTY OF DEATH   |
| 30            | 10 CI         | Y OR TOWN OF DEATH   | 11. NAME OF HOSPITAL,   | NURSING HOME       |  | 120 USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST OF<br>Ret. B.& O. | MD. ON 12b. KIND OF BUSINESS OR FWORKING LIFE) INDUSTRY Electrician   |
| 5             |               | LRESIDENCE (FNURS A DIRECT<br>TATE TO TOUR<br>Md. Balt   | OTHER INSTITUTION, GIVE RESIDEN<br>17Y 13c. CITY C<br>Limore Tows |                    | 13d INSIDE CITY LIMITS?                      | 13e. STREET ADDRESS 302 E. Jopa                                | •   |
| 30            | 14. FA        | THER'S NAME  | MIDDIE  | AST<br>ctchen      | IS MOTHER'S MAIDEN NAM<br>FIRST<br>Katherine | AE MIDDLE  | Hiser   |
| 7             |               | AS DECEASED EVER IN U.S. AR  | MED FORCES? 166 SOCI  | AL SECURITY NO     | 17 INFORMANT                                 | ADDRE  | SS  |
|               |               | es WW  |   | 10-2435            | Mrs. Edna Het                                | tchen same   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                          |
|               | NO            | Conditions, if any, which gave rise to a immediate couse to 1, stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT Country of the co | DUE TO, OR AS A COL   |                    | NOT RELATED TO THE TERMI                     | INAL DISEASE OR CONE   | DITION GIVEN IN PART I/o:   |
| 9             | CERTIFICATION | 198 DATE OF OPERATION  | 196 CONDITION FOR   | WHICH OPERATIO     | N WAS PERFORMED                              | 200 AUTOPSY?   | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO |
| 9             |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  | 21b. TIME OF INJURY<br>HOUR A.M. MON<br>P.M.                      | TH DAY YEAR        | 21c HOW INJURY OCCURR                        |  |   |
|               | MEDICAL       | 214 INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 218 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY                  | OFFICE, FARM, ETC. | 211 LOCATION<br>STREET                       | CITY OR TOW  | N COUNTY STATE  |
|               |               | 220 I certify that (I) (this hospit<br>sow the deceased alive an<br>abave, (I) (we) (did) (did no  | 31 actores  | 1986 .             |  | , to 3/ O.C.<br>death accurred on the do                       | 19 0 that (1) (we) lost the and have and from the causes stated       |
|               |               | 22b. SIGNATURE   | the, -/   | Kees 1             |  | MEDICAL STAF   | FIAN 3/October 1900   |
| 1             |               | 22d PHYSICIAN'S NAME ITYPE OF  | 1   | EES                | 220 ADDRESS Mou                              | Ktn M  | d 21111   |
| $\overline{}$ | 22 0          | JRIAL, CREMATION, REMOVAL  | 23b. DATE   |                    | EMETERY OR CREMATORY                         | 23d. LOCATION<br>CITY OR TOWN                                  | COUNTY STATE  |
|               | 12            | Burial   | Nov. 3.1980   | Parkwoo            | od .   | Baltimore  | e Md.   |



ond completely filled in by the funeral all Pages 1 and 2 should be filed within 72 he

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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|     | REGISTRAR                               |   |                    |                          | CEKIIF    | ICATE OF D     | EAIH             | REG.                  | NO             |                 |             |          |
|-----|---|---|--------------------|--------------------------|-----------|----------------|------------------|-----------------------|----------------|-----------------|-------------|----------|
|     | 1. DECEASED NAME                        | FIRST                                   | A                  | MIDDLE                   | L         | AST            | - 147 %          | 20 DATE OF DEATH      | MONTH          | DAY YEAR        | 2b HOU      | JR       |
|     | [TIPE OR PRINT]                         | Jane                                    | E                  | lizabeth                 | H:        | irsch          |                  | October               | 23,            | 1980            | 8:00        | Ам       |
|     | 3. SEX                                  | TO SEC                                  | 4 RACE             |                          | S. DATE C |                |                  | 6 AGE (IN YEARS LAST  | BIRTHDAY)      | IF UNDER 1 YEAR | IF UNDER    | R 24 HRS |
|     | Female                                  |   | White              |                          | Jan.      | 24             | 1927             | 53                    | YRS.           | MONTHS DAYS     | HOURS       | MIN.     |
|     | 70. BIRTHPLACE (STATE OF                | FOREIGN                                 | 76. CITIZEN OF     | WHAT COUNTRY?            | 8.        | D NEVER M      | ADDIED           | 9 BALTIMORE CITY      |                | Y OF DEATH      |             |          |
| 7   | NEW YOR                                 | K                                       | U.S.               | Α.                       | WIDOWE    |                | ORCED            | Baltime               | ore Co         | unty,           |             | MD.      |
| Ť   | 10. CITY OR TOWN OF DE                  | ATH                                     | 11. NAME OF        | OSPITAL, NURSIN          | G HOME C  | OR OTHER INST  | TUTION           | 12a. USUAL OCCUPA     | TION           | 12b. KIND       |             |          |
|     | PHOENIX                                 |   | 13714              | Summer I                 | iill I    | Orive          |                  | HOUSE W               | - 40           | LIFE) INDUSTRY  |             |          |
| 5   | USUAL RESIDENCE (IF NUI                 | 13b COUN                                | OTHER INSTITUTION, | GIVE RESIDENCE BEFORE    |           | 13d. INSIDE CI | TV I IAA ITS?    | 112. STREET ADDRES    | 1              |                 |             |          |
| 3   | Maryland                                | Balt                                    | imore              | PHOENI                   |           |                | NO X             | 13 STREET ADDRES      | mer H          | ill Dri         | ve          |          |
| 101 | 14. FATHER'S NAME                       |   | MIDDLE             | IAST                     |           | 15. MOTHER'S   |                  | ME MIDDLE             | FF             |                 | \ST         |          |
| Q   | John                                    |   |                    | Heemsath                 |           | Eti            | ne1              | MIDDLE                |                | Fox             |             |          |
|     | 160 WAS DECEASED EVE                    |   | MED FORCES?        | 166 SOCIAL SECU          | RITY NO.  | 17 INFORMA     | 11               | ADD                   | RESS           |                 |             | 3        |
|     | (YES NO OR UNKNOWN)                     | [# 723, 017                             | E WAR OR DATES)    | 158-18-77                | 15        | Richan         | d E. H           | Hirsch San            | ne as          | #13.            |             |          |
|     | 18 CAUSE OF DEA                         | TH (Enter on                            | ly ane cause per   | line for (o), (b), one   | (c).)     | . 0            | 150              |                       |                | APPRO           | XIMATE INTE | PEATH    |
|     | PART I. DEATH \                         |   | E CAUSE (a)        | KESPIRA                  | 可心        | LAU            | 451              |                       |                | 15              | MUN         | ML       |
|     | 1749                                    | 7                                       | DUE TO, OF         | R AS A CONSEQUE          | NCE OF    |                |                  |                       |                | 11              | 1 ms        |          |
|     | Conditions, if any                      |   | (b) 1              | METASTAT                 | IC K      | KEASI          | CARC             | WOMA                  |                | l y             | EMK         |          |
|     | couse (a), stati                        | ng the                                  | DUE TO, OF         | R AS A CONSEQUE          | NCE OF    |                |                  |                       |                |                 |             |          |
|     | , |   | (c)                |                          |           |                |                  |                       |                |                 |             |          |
|     | Z PART 2 OTHER SIG                      | NIFICANTO                               | ONDITIONS CO       | ONTRIBUTING TO D         | EATH BUT  | NOT RELATED    |                  | INAL DISEASE OR CO    |                | IVEN IN PART 1  | (a)         |          |
| 4   | Q SI NO G                               | –                                       | 17VSU              | TION FOR WHICH           | 1421K     | OP 177         |                  | E CARDIO!             |                | S, WERE FIND    | NICC USE    |          |
|     | LIMIS G                                 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 170 COND           | HOIVIOR WINCH            | OFERATIO  | IN WAS FURFOR  | MED              |                       | IN CERT        | IFYING CAUSE    | S OF DEAT   | TH?      |
| 7   | 21g. ACCIDENT WAS UN                    | DERLYING [                              | 21b. TIME O        | F IN IURY                |           | 121r HOW IN    | LIRY OCCUPE      | YES NO NO             |                | ES D            | NO [        |          |
| 1   |   | CAUSE OF DEA                            | TH HOUR A.         | M. MONTH DA              |           |                | OKT OCCOR        | (ENTERNATORE OF IN    | JURY IN HEM 16 | PARITORPARIZ    |             |          |
|     | OR CONTRIBUTING   21d. INJURY OCCUP     |   | 21e. PLACE (       |                          | 19        | 211. LOCATIO   | N                |                       |                |                 |             |          |
|     |   | HILE                                    |                    | EET, FACTORY, OFFICE, FA | RM. ETC ) | STREET         |                  | CITY OR               | NWO            | COUNTY          |             | STATE    |
|     | 220.1 certify that (I                   |   | tai) attended the  | deceased from            | ٨         | NV.            | 1079             | to PRES               | NI             | . 19            | that (1) (  | wa\ lask |
|     |   |   | 10/2               |                          | 15        |                | our) opinion (   | deoth accurred an the |                |                 | ( . , (     | .,       |
|     | 22b. SIG                                | did) did not                            | Diview the body    | ofter death.             |           | DEGREE         |                  | 0                     |                |                 | SIGNED      |          |
|     | Thin                                    | 10                                      | Umi                | man                      | MI        | 7 4            | TENDING HYSICIAN | MEDICAL ST            | AFF            | 10/             | 23/0        | 0        |
| -   | 22d. PHYSICIAN'S N                      | AME (TYPE O                             | RPRINT)            | 1100                     | ,         | 22e ADDRESS    |                  |                       |                | 1.0/            | 119         |          |

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TO FUNERAL DIRECTOR: should be detached MPORTANT

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10-27-80

23b. DATE

Stuart Grossman, M.D.

23a. BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

23d. LOCATION Westfield

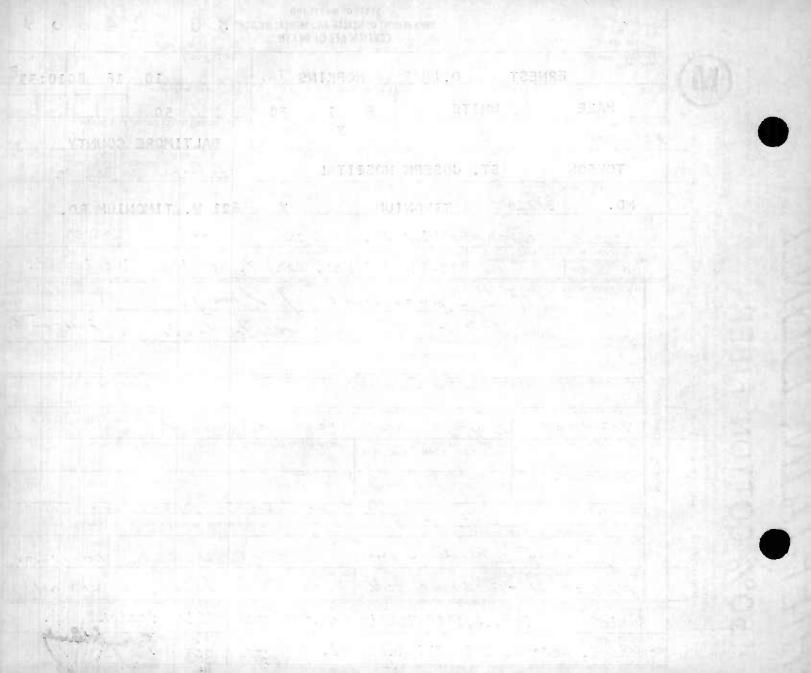
John Hopkins Hospital

New Jersey

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 12 (EQISTRAP) SIC ATURE 24 FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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STATE

REGISTRAR

DECEASED NAME

HOURS 83 YRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Coal Miner 1632 GRAYHAVEN CT. MIDDLE Tilley ADDRESS CLINICAL RECORDS. VAMC. FORT HOWARD, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 MINUTES ARTERIO SCLEROTIC CARDIO VASCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY ...OCTOBER and that in My) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN FORT HOWARD. MARYLAND 21052 23d. LOCATION TA STATE 1980 Crownsville Vet.Cem Maryland Crownsville 24 FUNERAL DIRECTOR Duda-Ruck. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Inc. Dundalk. Md. Wise Ave.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST .

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IF UNDER I YEAR

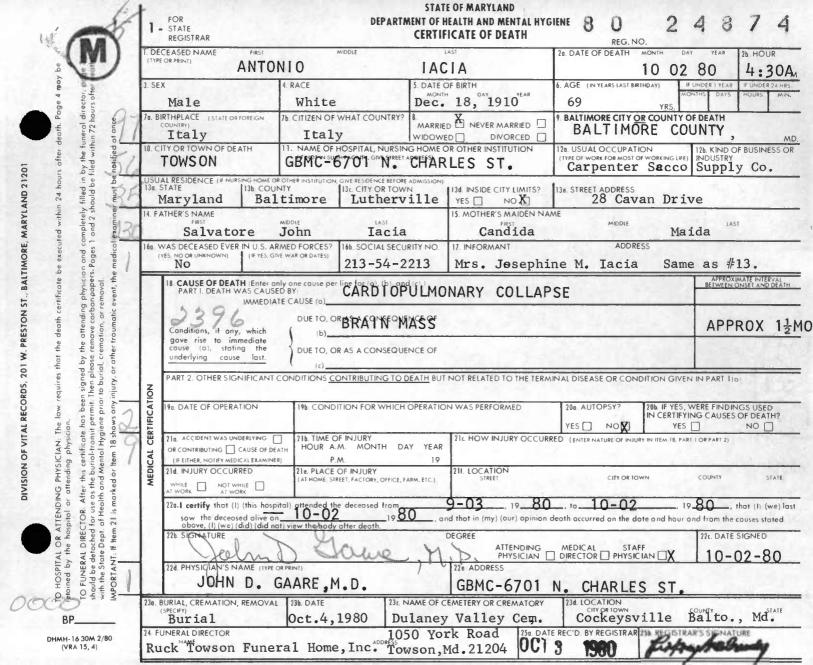
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| /   | 1-                    | FOR<br>STATE<br>REGISTRAR  |  | DEPARTMENT OF                                    | TE OF MARYLAND<br>HEALTH AND MENTA<br>IER'S CERTIFICAT | E DE DEAGLU  | 4873  |
|---|-----------------------|--|--|--|--|--|---|
| M   | 3. SE.                | CEASED NAME FIRST PH Y L L   | S. DATE OF BIRTH                                     | MIDDLE  LORENCE  YEAR 6. AGE IN YEAR LAST BIRTHD | ARS IF UNDER LYR. IF UNDER                             | 20. DATE KNOWN MONION M | H DAY YEAR 2d HOUR                              |
| SECESSARY<br>UNGERAL DI<br>FOR VO<br>WITHIN PRESTO  | 70. B                 | emale white  IRTHPLACE (STATE OR  IREGIN COUNTRY)  EW Jersey   | Sept. 6,<br>76. CITIZEN OF WI<br>USA                 |  | 8. MARRIED ANEVER M. WIDOWED DIVI                      | ARRIED ORCED Baltimore Co  | NTY OF DEATH unty  MD.                          |
| DELAY IS<br>TO THE<br>V PAGE<br>88 FILED  | M:                    | iddle River  | 3228 B   | Miller Ave                                       |  | 12a. USUAL OCCUPATION (TYPE OF WOR<br>FOR MOST OF WORKING LIFE)<br>Truck Driver  | 12b KIND OF BUSINESS OR INDUSTRY Trucking       |
| RETAIN RECORD   | 130. S<br>Ma          |  | or other institution, gi<br>ITY<br><b>imore</b>      | 13c. CITY OR TOWN Middle Ri                      | Ver YES NO   | 3228 "B" Miller  | Ave. 21220                                      |
| ATH ATH   |                       | ATHER'S NAME FIRST Elton   | MIDDLE   | McCracken  | 15. MOTHER'S M.  | Unknown  | LAST  |
| BALTIMORE,<br>TURS AFTER DE<br>8. GIVE FORM<br>WITH FORM<br>I. PAGES 1 AN<br>DIVISION OF                              | 180. Y                | No   | WAR OR DATES}  | 140 22 01  |  | L. Hutson Same   |   |
| STON ST., IN 24 HOL N ITEM 18 ALCONG HYGIENE, I   |                       | PART I DEATH WAS CAUSE  HIMMEDIA  Conditions, if ony, which  | Ily Dne couse per line D BY: TE CAUSE (a) DUE TO, OR | cute H   | yo cardiel   | Inferction   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| 301 W. PR<br>CUTED WII<br>IN PENCIL<br>IN PENCIL<br>SRIAL-TRAN<br>D MENTAL  |                       | gove rise to immediate couse (a) stating the <u>under</u> lying couse last.  | DUE TO, OR   | AS A CONSEQUENCE                                 |  | escular oxietion   | October   |
| TAL RECORDS, 30 HOULD BE EXECUT RP "PENDING" IN CHIEF MEDICAL ES USED AS A BURIA OF HEALTH AND A AL CREMATION, O      | NOI                   | PART 2 OTHER SIGNIFICANT CONDITIONS  Dealer  | in !   | recht  | S  | IN PART I (a),   |   |
| OF VITAL RE ATE SHOULE E WORD "PE E WEEN THE CHIEF ILD BE CHIEF ILD BE WENT OF HE BURIAL CRE                          | RTIFICAL              | 190. DATE OF OPERATION   |  |  | ATION WAS PERFORMED?                                   |  | 20. AUTOPSY?  YES NO                            |
| O A FRANCE  | MEDICAL CERTIFICATION | 210. EXTERNAL CAUSE WAS<br>UNDERLYING OR<br>CONTRIBUTING CAUSE OF  | DEATH P.M  | A. MONTH DAY YEAR                                |  | JRRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR   | PART 2)   |
| DIVISION 6<br>E. THIS CERTIFIC<br>FE. WRITING THE<br>RRWARDED TO.<br>5. PAGE 3 SHOUL<br>5. TAGE 3 SHOUL<br>5. TAGE 7. | MED                   | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK  | STREET, FACT   | OF INJURY (AT HOME, TORY, FARM, ETC.)            | 21f. LOCATION<br>STREET                                | CITY OR TOWN   | COUNTY STATE                                    |
| XAMINES<br>EETHICATION BE FOUNTH THE  |                       | 276. I certify that I taak charged at the resulted from: Natu ACTUAL SIGNATURE   | ge of the remains des                                | A  | Autopsy , Inspecicide , Homicide TITLE (SPECIFY        | ection . Inquiry ., and in my  . Undetermined monner .,  MEDICAL EXAMINER  | 10/9/80   |
| <b>₹</b> 3# <b>2</b> #€   |                       | EXAMINER'S NAME K.   | s. AH  | LUWAL  | A ADDRESS 21   | 12, Dundack Du   | Ball 21222                                      |
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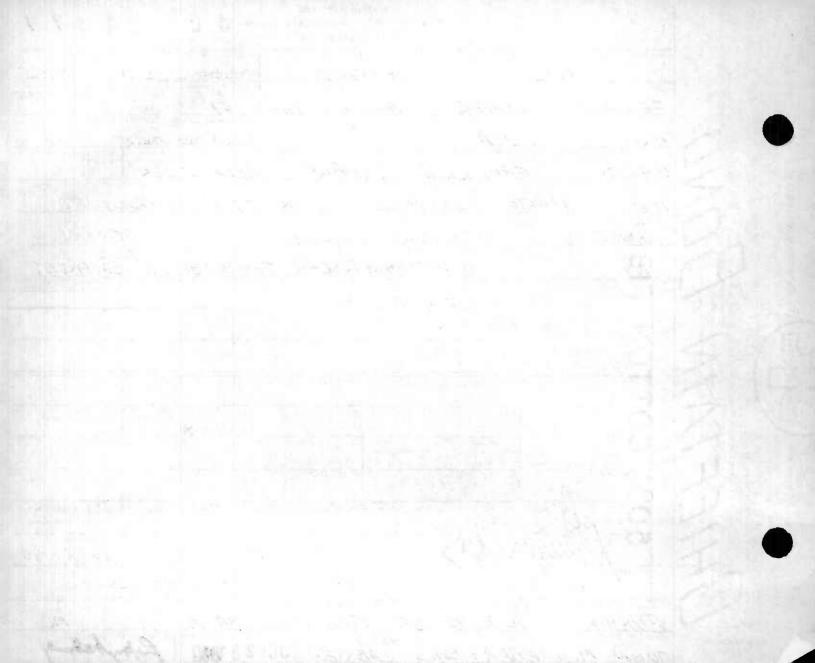
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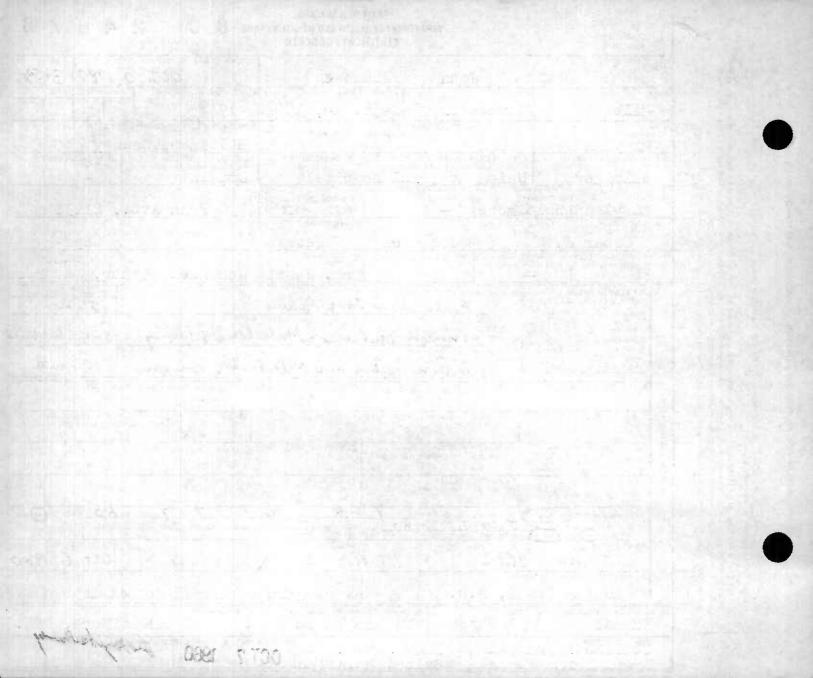
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| 311   | Ι'.           | REGISTRAR   |  |  | CERTIF              | ICATE OF DEATH                    | REG  | NO.                |                         |                                     |
| (BB)  |               | CEASED NAME FIRS  |  | MIDDLE   |                     | AST                               | 20 DATE OF DEATH                                     | MONTH              | DAY YEAR                | 26. HOUR                            |
| a. (1111)   |               | 70  | ohn  | H  |                     | JACOBS                            |  | 10                 | 11 80                   | 140PM                               |
| a was   | 3. SE         | X   | 4 RACE   |  | S. DATE C           | DAY YEAR                          | 6. AGE (IN YEARS LAST                                | BIRTHDAY           | MONTHS DAYS             | IF UNDER 24 HRS HOURS MIN           |
| age 4<br>ectc<br>rs af  |               | Male  |  | hite   | teb                 |                                   | 66   | YRS                |                         |                                     |
| neral dir   | 14            | IRTHPLACE (STATE OR FOREIGN OUNTRY)   | 76 CITIZEN   | of what country<br>ISA   | MARRIE<br>WIDOWI    | D NEVER MARRIED                   |  |                    |                         | MD.                                 |
| urs after by the fu   |               | ity or town of death  | UF NOT IN  | OF HOSPITAL, NURSI<br>I SUCH FACILITY, GIVE STREE<br>LINO RE (0. |                     | OR OTHER INSTITUTION              | 120. USUAL OCCUP<br>(TYPE OF WORK FOR MO<br>Seagrams | ST OF WORKING      | LIFE) INDUSTRY          | PF BUSINESS OR                      |
| n 24 ho<br>illed in<br>Id be fill   |               | AL RESIDENCE (IF NURSING HOSTATE  | OME OR OTHER INSTITUTION OF THE COUNTY             | TION, GIVE RESIDENCE BEFORE  136. CITY OR TON  Baltimo           | RE ADMISSION)<br>NN | 134. INSIDE CITY LIMITS?          | 13e. STREET ADDRES                                   | ss                 | t.Balto.                | Md.                                 |
| ccuted within on pletely fill and 2 should edge examin  | 14. F/        | ather's NAME<br>John  | WIDDLE   | Jacobs   |                     | 15. MOTHER'S MAIDEN N             | MIDDL  |                    | Harri                   | 2                                   |
| be exe ages 1 the m   |               | WAS DECEASED EVER IN U. YES, NO OR UNKNOWN] (IF YE  | S. ARMED FORCE ES, GIVE WAR OR DATES               |  | URITYNO.            | Man Ruby T                        | AD   | oress              | Vo                      |                                     |
| th certificate jing physiciar bon papers, or removal.   |               | IS CAUSE OF DEATH (En   | ter anly ane cause<br>AUSED BY.<br>EDIATE CAUSE (a | per line far joi, (bi, a   | nd (c)              | esherator                         | - ened   | 1                  | BETWEEN                 | MATE INTERVAL<br>ONSET AND DEATH    |
| requires that the decrete in signed by the attention please remove cato burial, cremation, y rijury, or other tra | NO.           | Canditians, if any, whi<br>gave rise to immedia<br>cause (a), stating ti<br>underlying cause la | te<br>he DUE TO                                    | Comer c  | cal                 | Hyperte NOT RELATED TO THE TEI    | RMINAL DISEASE OR CO                                 | ,<br>ONDITION G    | GIVEN IN PART 10        | a 1                                 |
| I: The law te has bee permit. Then prior is shows an  | CERTIFICATION | 198 DATE OF OPERATION   | 196 CC   | NDITION FOR WHIC   | H OPERATIO          | N WAS PERFORMED                   | 200 AUTOPSY?   | IN CERT            | ES, WERE FINDING CAUSES |                                     |
| PHYSICIAN: The physician. This certificate ha unial-transit perm Mental Hygiene d or Item 18 sho                  |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA               | OF DEATH HOUR                                      | AE OF INJURY<br>R. A.M. MONTH (<br>P.M.                          | DAY YEAR            | 21c HOW INJURY OCCU               | JRRED (ENTER NATURE OF                               | NJURY IN ITEM 11   | B, PART I OR PART 2)    |                                     |
| IDING PHYSI strending phys After this cer st the burial-tr it hand Mental marked or Ite                           | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | /AT HOM  | ACE OF INJURY<br>LE, STREET, FACTORY, OFFICE                     | , FARM, ETC.)       | 211 LOCATION<br>STREET            | CITY OR  | TOWN               | COUNTY                  | STATE                               |
| ATTEN<br>ital or a<br>CCTOR<br>or use a<br>of Hea   |               | 22s.1 certify that (1) (this<br>saw the deceased all<br>abave, (1) (we) (did) (c                | ve an /0   | -//  | 10                  | nd that in (my) (aur) apinio      |  | e date and h       |                         | that (I) (we) last<br>causes stated |
| TAL OR or the hosp RAL DIRE letached f ate Dept.  |               | 276. SIGNATURE  | Oky  | Him  |                     | DEGREE  ATTENDING PHYSICIAN       |  | TAFF<br>SICIAN (5) | 22c. DATE               | SIGNED /11/80                       |
| TO HOSPITAL<br>retained by the<br>TO FUNERAL<br>should be detact<br>with the State I                              |               | JUAN C.   |  | FIER   |                     | SC6#                              |  |                    |                         |                                     |
| BP  | 230.          | BURIAL, CREMATION, REMISSION BURIAL   |  | 1 0 0  | NAME OF C           |                                   | Baltin   | wre,               | COUNTY                  |                                     |
| DHMH-16 25M<br>(VRA 15, 4) 1/79   | 24 F          | uneral director<br>Ic my Funeru   | al Home,   | 130 E. Fort  | Ave.L               | Palto. Md. 00                     | CT 1 4 1980  | AR 256. REC        | TRAR'S SIGNA            | Cracky                              |

allegans. I is White U. Contraction of the contraction o . M. Carrier and Land and Land \$ 100 M and and and colored to the colore Garden Copenion and L'estate melas recordist Summer of the liver on L'Examination was sent the solution of the and and the particular and above the state of the contract of the state of the stat Tradition and a second of the second of the

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| 1                     | FOR  STATE  REGISTRAR  |   | DEPARTMENT OF HEALTH AND M<br>CERTIFICATE OF D   | ATH  | REG. NO.   |  |
|-----------------------|--|---|--|--|--|--|
|                       |  | IRST MIDDLE   | LAST   | 20. DATE OF DE   |  | YEAR 2b. HOUR  |
| (TYF                  | E OR PRINT)  | ROTHY   | JANISZEWSKI  | October  | r 23, 1980   | 10:1   |
| 3. SE                 |  | 4. RACE   | 5. DATE OF BIRTH   | 6. AGE (IN YEAR  | S LAST BIRTHDAY) IF UN   | NDER I YEAR IF UNDER 24  |
| F                     | EMALE.   | WHITE   | MARCH 12   | 1919 61  | YRS.   | HS DAYS HOURS  |
| _                     | IRTHPLACE (STATE OR FORE   | IGN 76. CITIZEN OF WHAT CO  | OUNTRY? 8  | 9 BALTIMORE  | CITY OR COUNTY OF  | DEATH  |
| 5/1                   | COUNTRY)   | USA   | MARRIED NEVER M  |  | ore County   |  |
| 10 0                  | TITY OR TOWN OF DEATH  |   | , NURSING HOME OR OTHER INSTI  | TUTION 120 USUAL OC  | CUPATION 1   | 26. KIND OF BUSINES  |
| B                     | ALTO.  | FRANKL  | IN SQUARE  |  | STEEL  | NDUSTRY  |
| USU<br>13a.           | IAL RESIDENCE (IF NURSING<br>STATE   |   | OR TOWN 13d. INSIDE CIT  |  |  | 2- 00  |
| 14 F                  | ATHER'S NAME   | SANO. EUG   |  | MAIDEN NAME  | BAY FRON   | TRU  |
|                       | FIRST  | MIDDLE  |  |  | IDDLE  | LAST   |
| 140                   | WAS DECEASED EVER IN   | U.S. ARMED FORCES? 16b. SOC   | IAL SECURITY NO. 17, INFORMAN  | IAN  | ADDRESS 32   | MSK!   |
|                       |  | E VEC CRIE WAR OR DATES   |  |  | LUCKESS 7/1  | BAYFRONT   |
| 1                     | 100  |   | -07-1098A JOSEF  | H JANISZ   | EWSKI 6  |  |
|                       | 18. CAUSE OF DEATH (E  | Enter anly ane cause per line far (a<br>CAUSED BY:  | ı), (b), and (c).)   |  |  | BETWEEN ONSET AND DE   |
|                       |  | MEDIATE CAUSE (o) Mecas   | static Carcinoma   |  |  |  |
|                       | IM.  | MEDIATE CAUSE (0)   | State Carcinoma  |  |  |  |
|                       | 1991   |   |  |  |  |  |
|                       | (Canditians, if any, w   | DUE TO, OR AS A CO  |  |  |  |  |
|                       | 1991   | DUE TO, OR AS A CO  | ONSEQUENCE OF  |  |  |  |
|                       | Canditians, if any, wi<br>gave rise to immed<br>cause (a), stoting   | DUE TO, OR AS A CO  | ONSEQUENCE OF  |  |  |  |
| z                     | Canditians, if any, w<br>gave rise to immed<br>cause (a), stating<br>underlying cause  | hich light the last.  DUE TO, OR AS A CO  | ONSEQUENCE OF  | O THE TERMINAL DISEASE O   | r condition given I  | N PART 1(a)  |
| ATION                 | Canditians, if any, wi<br>gove rise to immed<br>cause (a), stoting<br>underlying cause   | DUE TO, OR AS A CO  | ONSEQUENCE OF  |  |  |  |
| FICATION              | Canditians, if any, w<br>gave rise to immed<br>cause (a), stating<br>underlying cause  | DUE TO, OR AS A CO  | ONSEQUENCE OF  | MED 200 AUTOPS   | 20b. IF YES, WE  | ERE FINDINGS USED<br>G CAUSES OF DEATH   |
| ERTIFICATION          | Canditions, if any, wing over rise to immed cause (a), stoting underlying cause  PART 2. OTHER SIGNIFIED DATE OF OPERATION   | DUE TO, OR AS A CO  | ONSEQUENCE OF  ING TO DEATH BUT NOT RELATED  R WHICH OPERATION WAS PERFOR  | MED 200 AUTOPS   | 20b. IF YES, WE IN CERTIFYING YES YES  | ERE FINDINGS USED<br>G CAUSES OF DEATH   |
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Reisterstown, Md. 21136

STATE OF MARYLAND

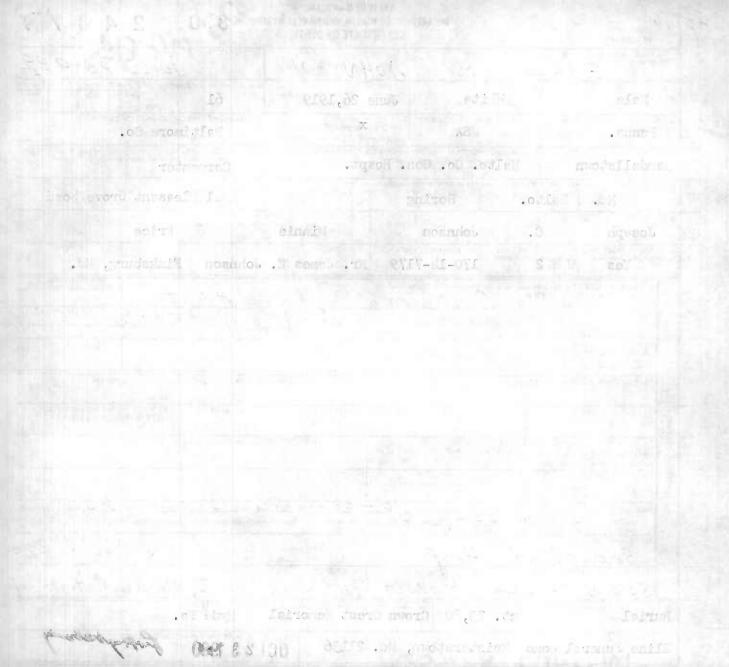
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

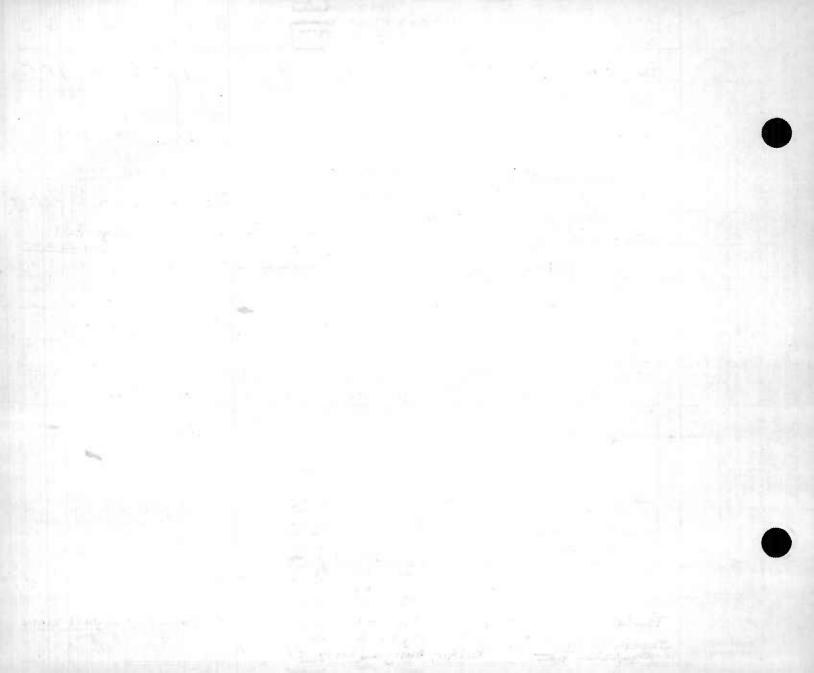
- STATE

Elime Funeral Home

(VRA 15, 4) 1/79



| ~   | 1             |  | STATE OF MARYLAND  |
|---|---------------|--|--|
| 12  | 1.            | FOR STATE REGISTRAR  | CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 8 8  |
| 25.   | {TYP          | CEASED NAME FIRST  | MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 10 - 5-80 1245   |
| ecter and section of the section of | 3. SE         | - 00100  | 4 RACE S DATE OF BIRTH (NIGHT + 1897) & AGE (IN YEARS LAST BIRTHDAY) WUNDER I YEAR WUNDER 24 HRS MONTHS DAYS HOURS MIN.  |
| ann Poge<br>Prol direct<br>72 hours   | 70 B          | IRTHPLACE ISTATE OR FOREIGN OUNTRY) UISIONSIN  | 76 CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH   |
| by the fune<br>filed within   | 10 C          | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS, OSCILLE  120. USUAL OCCUPATION 170. USOS OF WORK FOR MORE OF MORE OF MORE OF MORE FOR MOST OF WORK FOR MORE OF MORE FOR MORE OF MORE FOR MORE FO |
| filled in b<br>ould be fill   | USU<br>13e.   |  | OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) WITH INSTITUTION GIVE RESIDENCE BEFORE ADMISSION GIVE BEFORE ADMISSION |
| mpletely fond 2 sho   | 14. F.        | ATHER'S NAME BENJAMIN  | 7  |
| n and can<br>Pages 1 c  | 16a Y         |  |  |
| ng physicial<br>ban papers.<br>r removal.   |               |  | anly one couse per line for (a), (b), and (c).  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  OF CAUSE OF COMMON APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  OF CAUSE OF COMMON APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH   |
| death cert<br>attending  <br>ove carbor<br>ition, or rer<br>oumatic ev  |               | 4340   | DUE TO, OR ASA CONSEQUENCE OF Cerebon - Vascular disease   |
| of the<br>se rem<br>cremo   |               | Conditions, if ony, which gove rise to immediate couse (D), stating the underlying couse last. | DUE TO, OR AS A CONSEQUENCE OF   |
| quires the signed by the pleat to buriol, njury, or a   | Z             | PART 2 OTHER SIGNIFICANT   | conditions contributing to death but not related to the terminal disease or condition given in part 100 Derkin son's direase, severe Dementia  |
| bee bee   | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY? 207 IN CERTIFYING CAUSES OF DEATH?  YES NO   |
| tySICIAN. The k ding physician. Is certificate hos burial-transit per Mental Hygiene Arem 18 shaws or frem 18 shaws   |               | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.                                      | EATH HOUR A.M. MONTH DAY YEAR  |
| DING PHYS or attending After this or is as the bur alth and Me  | MEDICAL       | 216 IN JURY OCCURRED  WHILE NOT WHILE AT WORK  | 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE  |
| TTEN<br>pitol<br>TOR<br>for us<br>of He   |               | sow the deceased alive on  | notal) ottended the decreased from   |
| SPITAL ATT  |               | 226. SIGNATURE   | DEGREE  M.D. ATTENDING MEDICAL STAFF  10-5-80  |
| HOSPI<br>ined b<br>FUNE<br>wild be<br>h the Si  |               | 22d PHYSICIAN'S NAME (TYPE O   | and a company of the state of t |
| ₽₽ ₽₽\$ ¥   |               | BURIAL, CREMATION, REMOVAL<br>SPECIFY)   | 230. DATE 230. NAME OF CEMETERY OR CREMATORY 230. LOCATION COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE   |
| DHMH-16 20M<br>(VRA 15, 4) 7/78   | 24. F         | UNERAL DIRECTOR  |  |



ly filled in by the funeral director should be filed within 72 hours of

| _ | FOR       |
|---|-----------|
| 1 | STATE     |
|   | REGISTRAR |

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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|----|------|
| 12 | - 13 |
|    |      |

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

| Male  RTHPLACE (STATE OR OUNTRY)  Kentucky  IY OR TOWN OF DE/ PIMONIUM  ALRESIDENCE (IF NURS TATE  TYland  THER'S NAME FIRST  Walter  VAS DECEASED EVER ES, NO OR UNKNOWN)  Yes                       | FOREIGN  U.  ATH  11. NAME OF THE INSTITUT  13b. COUNTY  Baltimore  MIDDLE  IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES  WW 1   | Jones 7 166 SOCIAL SECUE   | 8 MARRIED WIDOWED G HOME OR NODRESSI CCh RO   | DNES  BIRTH  ber 22, 1893  NEVER MARRIED  ROTHER INSTITUTION  ad  136. INSIDE CITY LIMITS?  YES NO S  15. MOTHER'S MAIDEN NAME S  16. MOTHER'S MOTHER'S MAIDEN NAME S  16. MOTHER'S MOTHE |  | YRS. COUNTY (COUNTY (C | nty<br>12b. KIND C<br>INDUSTRY<br>Cand  | IF UNDER 24 HOURS M  |
|---|--|--|---|--|--|--|---|--|
| Male  RIHPLACE (STATE OR OUNTEY)  Kentucky  YOR TOWN OF DEAT  TATE  TATE  TYLAND  THER'S NAME FIRST  Walter  (AS DECEASED EVER ES, NO OR UNKNOWN) Yes  18. CAUSE OF DEAT                              | FOREIGN 76 CITIZEN (  The CITIZEN (  | ite  OF WHAT COUNTRY?  S.A.  OF HOSPITAL, NURSING SUCH FACILITY, GYESTREET A  OF IVY Chur  IT. CITY OR TOWN  Timoni  Jones  67 166 SOCIAL SECUE  | 8 MARRIED WIDOWED G HOME OR NODRESSI CCh RO   | DEBIRTH  DAY  DAY  DEPT 22, 1893  DE | 6. AGE (IN YEARS LAST BIRTH  86  9. BALTIMORE CITY OR  Baltimor  12e USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF  OWNER  13e. STREET ADDRESS  406 IVY C.   | YRS. COUNTY (COUNTY OF COUNTY OF COU | ONIHS DAYS  OF DEATH  nty  12b. KIND C  INDUSTRY  Cand  | IF UNDER 24 HOURS M  |
| Male  RTHPLACE (STATE OR OUNTRY)  Kentucky  YOR TOWN OF DEAT  TIMONIUM  ALL RESIDENCE (IF NURS TATE  ryland  THER'S NAME  FIRST  Walter  VAS DECEASED EVER ES, NO OR UNKNOWN)  Yes  18. CAUSE OF DEAT | FOREIGN 76 CITIZEN O  U  ATH 11. NAME O  (IF NOT IN  4  DING HOME OR OTHER INSTITUT  136 COUNTY  Baltimore  MIDDLE  IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES  WW 1   | S.A.  PF HOSPITAL, NURSING SUCHFACILITY, ONE STREET A  OF TVY Chur  ION, GIVE RESIDENCE BEFORE  IJ3C. CITY OR TOWN  Timoni  Jones  7 166 SOCIAL SECUR  | MONTH OCTO  | DET 22, 1893  DEVER MARRIED DIVORCED DESCRIPTION  DESCRIP | 9. BALTIMORE CITY OR Baltimor 120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF OWNER 130. STREET ADDRESS 406 IVY C   | YRS. COUNTY ( COUNTY  | OF DEATH  nty    12b. KIND C   INDUSTRY   Cand  | DF BUSINESS  |
| RTHPLACE (STATE OR OUNTRY)  Kentucky  YOR TOWN OF DEAT  TATE  TYLAND  THER'S NAME  FIRST  VAS DECEASED EVER  ES, NO OR UNKNOWN)  Yes  18, CAUSE OF DEAT   | FOREIGN  U.  ATH  11. NAME OF THE INSTITUT  13b. COUNTY  Baltimore  MIDDLE  IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES  WW 1   | S.A.  PF HOSPITAL, NURSING SUCHFACILITY, ONE STREET A  OF TVY Chur  ION, GIVE RESIDENCE BEFORE  IJ3C. CITY OR TOWN  Timoni  Jones  7 166 SOCIAL SECUR  | MARRIED WIDOWED G HOME OR ADDRESS) CCh RO ADMISSION)  | DEC 22, 1893  NEVER MARRIED DIVORCED DEC OTHER INSTITUTION PARAMETER DIVORCED DIVORC | 9. BALTIMORE CITY OR Baltimor  12e USUAL OCCUPATIO (IYPE OF WORK FOR MOST OF Owner  13e. STREET ADDRESS 406 IVY C.   | YRS. COUNTY CE COU   | of DEATH nty 12b. KIND C INDUSTRY Cand  | OF BUSINESS  |
| VAS DECEASED EVER ES, NO OR UNKNOWN) Y CAUSE OF DEAT  | TH 11. NAME OF THE RESTRICT OF THE PROPERTY OF | S.A.  OF HOSPITAL, NURSING SUCH FACILITY, OME STREET A OF IVY Chur ION. GIVE RESIDENCE BEFORE IST. CITY OR TOWN Timoni  LAST Jones  67 166 SOCIAL SECUR  | WIDOWED G HOME OR ADDRESS) CCh RO ADMISSION) LUM  | DIVORCED DO COME OF THE PROPERTY OF THE PROPER | Baltimor  12e USUAL OCCUPATIO (IVPE OF WORK FOR MOST OF OWNER  13e. STREET ADDRESS 406 IVY C   | e Cou  | nty<br>12b. KIND C<br>INDUSTRY<br>Cand  |  |
| Kentucky YOR TOWN OF DEA  TIMONIUM  LI RESIDENCE (IF NURS TATE  ryland  THER'S NAME  FIRST  Walter  VAS DECEASED EVER ES, NO OR UNKNOWN)  Yes  18. CAUSE OF DEAT                                      | ATH 11. NAME OF (IF NOT IN 4 1) 13b COUNTY Baltimore MIDDLE IN U.S. ARMED FORCES WW 1  | OF HOSPITAL, NURSING SUCH FACILITY, OVE STREET A  OF TVY Chur  ION, GIVE RESIDENCE BEFORE  ITAL CITY OR TOWN  Timoni  LAST  Jones  7 166 SOCIAL SECUR  | WIDOWED G HOME OR ADDRESS) CCh RO ADMISSION) LUM  | DIVORCED DO COME OF THE PROPERTY OF THE PROPER | 12e USUAL OCCUPATIO<br>(TYPE OF WORK FOR MOST OF<br>OWNEY  13e. STREET ADDRESS  406 IVY C  | N<br>WORKING LIFE  | 12b. KIND C<br>INDUSTRY<br>Cand   |  |
| Imonium  AL RESIDENCE (IF NURSTATE  TYland  THER'S NAME  FIRST  Walter  VAS DECEASED EVER ES, NO OR UNKNOWN)  Yes  18. CAUSE OF DEAT  | (IF NOT IN 4 )  ING HOME OR OTHER INSTITUT  IT BALTIMORE  MIDDLE  IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES  WW 1   | SUCHFACILITY, GIVE STREET A  OF TVY Chur  ION, GIVE RESIDENCE BEFORE  IG. CITY OR TOWN  Timoni  Jones  67 166 SOCIAL SECUR   | ADMISSION) Lum  | Tad.  13d. INSIDE CITY LIMITS?  YES NO S  15. MOTHER'S MAN   | 13e. STREET ADDRESS 406 IVY C  | WORKING LIFE   | Cand  |  |
| AL RESIDENCE (IF NURS TATE  TYLAND  THER'S NAME FIRST  WAS DECEASED EVER ES, NO OR UNKNOWN)  YES  18. CAUSE OF DEAT   | MIDDLE  IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES)  | 06 Ivy Chur ION. GIVE RESIDENCE BEFORE IT CITY OR TOWN Timoni  LAST Jones 67 166 SOCIAL SECUR  | ADMISSION) Lum  | 13d. INSIDE CITY LIMITS? YES NO 🔀 15. MOTHER'S MAIDEN NAM  | Owner  13e. STREET ADDRESS 406 IVY C   |  | Cand  | y Deal   |
| TATE  ryland  THER'S NAME FIRST  Walter  VAS DECEASED EVER ES, NO OR UNKNOWN)  Yes  18. CAUSE OF DEAT   | IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES)  | Jones 7 166 SOCIAL SECUE   | Lum   | YES NO S   | 406 Ivy C  | hurch  | Road  | - 1/4  |
| THER'S NAME FIRST Walter VAS DECEASED EVER ES, NO OR UNKNOWN) Yes 18. CAUSE OF DEAT   | MIDDLE IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) WW 1   | Jones 5? 166 SOCIAL SECUE  |   | 15. MOTHER'S MAIDEN NAM  | AE .   | hurch  | Road  |  |
| Walter VAS DECEASED EVER ES, NO OR UNKNOWN) Yes  18. CAUSE OF DEAT  | IN U.S. ARMED FORCES  (IF YES, GIVE WAR OR DATES  WW 1   | Jones  166 SOCIAL SECUI  |   | EIDEY  |  |  | 11000   |  |
| AS DECEASED EVER ES, NO OR UNKNOWN) Yes  18. CAUSE OF DEAT  | (IF YES, GIVE WAR OR DATES   | S? 166 SOCIAL SECU   |   |  | MIDDLE   |  | _ LAS   | 5T   |
| Yes   | (IF YES, GIVE WAR OR DATES   |  |   | XXXX Sara  |  |  | Spe   | ed   |
| Yes   | WW 1   |  |   | 17. INFORMANT  | ADDRES   |  |   |  |
| 18. CAUSE OF DEAT<br>PART I. DEATH W  |  | 406-42-92  | 217   | Robert A. S  | Summers, Sam   | e As   | #13e  | Melle  |
| PART I. DEATH W   | H (Enter anly ane couse  | per line far (a), (b), and   | (c).)   | 1 1 /  | 1-   |  | APPROX  | MATE INTERVA   |
|   | AS CAUSED BY: IMMEDIATE CAUSE (a)  | Myrc   | in his  | Il Anle  | line   |  | 1   | 1 +  |
| PART 2. OTHER SIGN<br>19a. DATE OF OPERA  | VIFICANT CONDITIONS  John com.   | -  | los   | NOT RELATED TO THE TERM  | 20a. AUTOPSY?  | 20b. IF YES,   | WERE FINDIN   | NGS USED   |
|   |  |  |   |  | YES NO   | IN CERTIFY<br>YES  | ING CAUSES  | OF DEATH?  |
| (IF EITHER, NOTIFY MEDI   | CAUSE OF DEATH HOUR CALEXAMINER)  RED 21e. PLA (AT HOME  | P.M.<br>CE OF INJURY   | 19  | 21c. HOW INJURY OCCURR 211 LOCATION STREET   |  |  | RT 1 OR PART 2)   | STATI  |
| ,   |  |  | 34  | ra   | , ta   |  |   | , , ,  |
| obove, (I) (we) (s  | ed alive an  | ady after death.   | D, and  | I that in (my) (our) opinian o   | leath accurred an the dat  | e and haur   | -   |  |
| 17h SIGNATURE   | t Oby  | an In  | - m   | ATTENDING PHYSICIAN  | MEDICAL STAFF  | AN 🗆   | 22c DATE  | SIGNED   |
| me  | AAAF LTVDE OF BRILLIA  | M.D.   |   |  | Road; Luther   | ville  | , Md.   |  |
| 2   | OR CONTRIBUTING (IF EITHER NOTIFY MEDI (II EI | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  11d. INJURY OCCURRED  WHILE AT WORK AT WORK  120.1 certify that (1) (this haspital) attended saw the deceased alive an analysis of the same and | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  104. INJURY OCCURRED  WHILE ATWORK ATWORK  ATWORK ATWORK  120.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an approximate the lody of the death. | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  104. INJURY OCCURRED  WHILE AT WORK AT WHILE AT WORK AT  | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M.  19  19  10  11 LOCATION  STREET  211 LOCATION  STREET  212 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  212 LOCATION  STREET  213 LOCATION  STREET  214 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  215 LOCATION  STREET  216 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217 LOCATION  STREET  218 LOCATION  STREET  STREET  218 LOCATION  STREET  STREET  219 LOCATION  STREET  STREET  210 LOCATION  STREET  STREET  STREET  211 LOCATION  STREET  STREET  STREET  STREET  ATTENDING  PHYSICIAN  226 PHYSICIAN'S NAME   TYPE OKPRINT   176 ADDRESS | OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P.M. 19  211. LOCATION  211. LOCATION  211. LOCATION  211. LOCATION  211. LOCATION  211. LOCATION  212. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  212. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  213. LOCATION  214. LOCATION  215. STREET  CITY OR TOW  215. STREET  CITY OR TOW  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217. STREET  CITY OR TOW  218. STREET  CITY OR TOW  219. Decrease  ATTENDING  ATTENDING  PHYSICIAN  ATTENDING  PHYSICIAN  ATTENDING  PHYSICIAN  TZE. ADDRESS   | OR CONTRIBUTING CAUSE OF DEATH  P.M. 19  19  10t. INJURY OCCURRED  21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21e. PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  22l. | OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING COUSE OF DEATH  P.M. 19  11e. PLACE OF INJURY  (IN PURCHASE)  AT WORK  AT WORK  121. Certify that (I) (this hospital) attended the deceased from saw the deceased alive an above, II (while in the last of the las |

1050 York Road

Towson, Maryland

10-11-80

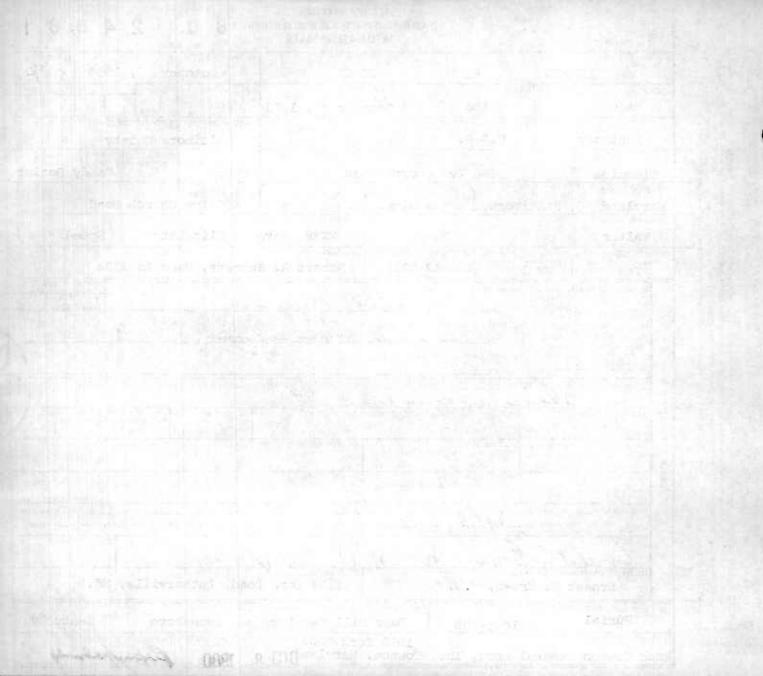
ADDRESS

Ruck Towson Funeral Home, Inc.

DHMH-16 30M 2/80 (VRA 15, 4)

O FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remave carbanages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.



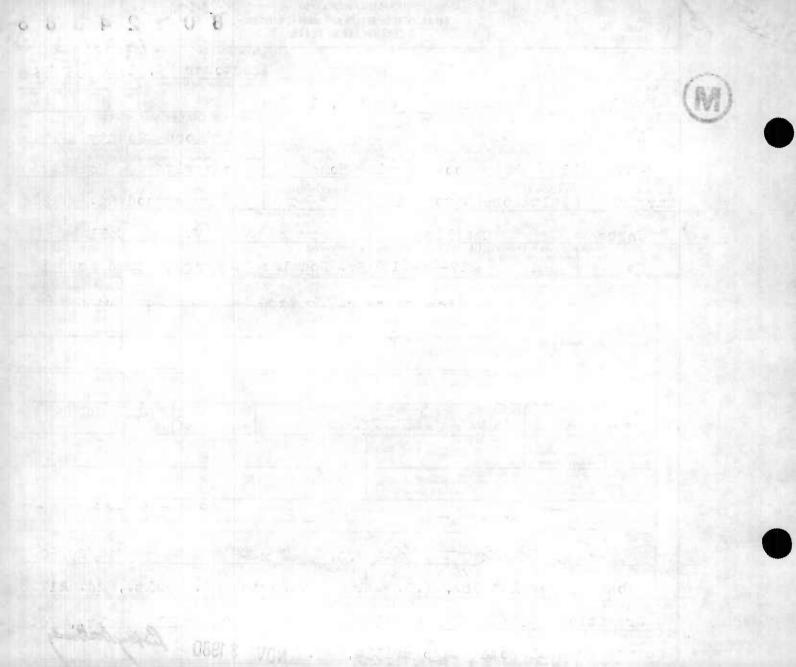
DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Sr. 10/5/80 LOUIS ANDREW JORDAN :40P 4. RACE 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9711/26 HOURS MALE BLACK 54 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY CHARLOTTE N.C. USA BALTIMORE WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE VAMC BALTIMORE MARYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 136 CITY OR TOWN 13e STREET ADDRESS BALTIMORE 13d INSIDE CITY LIMITS? MARYLAND 928 MCDONOUGH STREET 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE WILLIAM JORDAN JACKSON ELLA 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 245-22-2255 YES WWII ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Rosa Mae Jordan 928 N. McDonogh CAUSE OF DEATH Enter only one cause per line for 10; 16, and 1c PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse 10, stoting the DUE TO, OR AS A CONSEQUENCE O underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF ORERA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED d IN CERTIFYING CAUSES OF DEATH? NO [ YES [ Mentol Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR 1-10 OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINE P.M 19 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK OCTOBER 80 OCTO BER 22a.1 certify that (this haspital) attended the deceased from sow the deceased alive on OCTOBER 80 and that in (n) (our) opinion death occurred on the date and hour and from the causes stated obove, W (we) (did) (did not) view the body ofter death 22b. SIGNATULE DEGREE 221. DATE SIGNED STAFF MPORTANT: IF ATTENDING MEDICAL should be deto with the Stote [ PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME TYPE OR PAIN 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION, REMOVAL 23d LOCATION 23b. DATE MD. Burial 10/11/80 King cem. Baltimore 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 256. REO18 TRAR'S SICHATIRE DHMH - 16 50M 1/76 (VR A 15 (4)) Wm. C. March F/H 1101 E. North Avenue

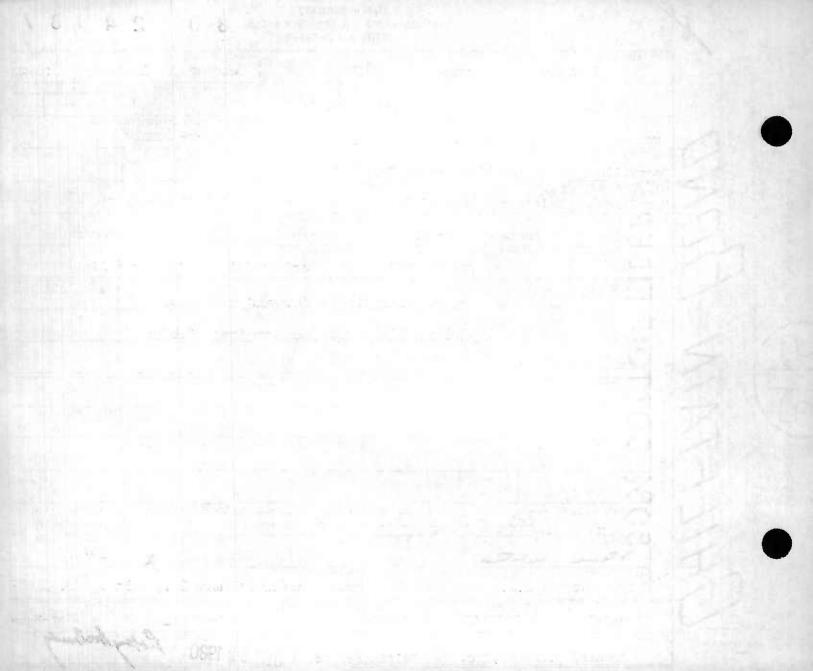
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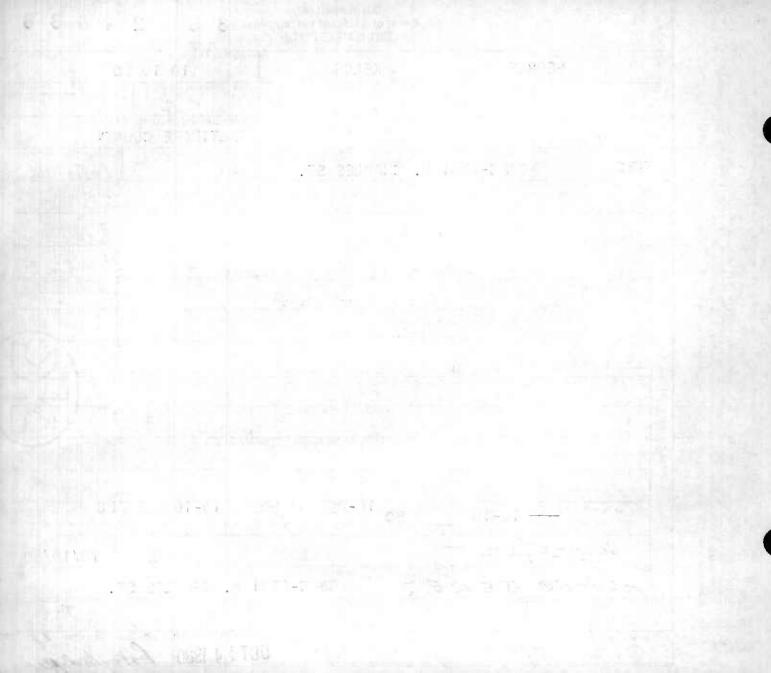
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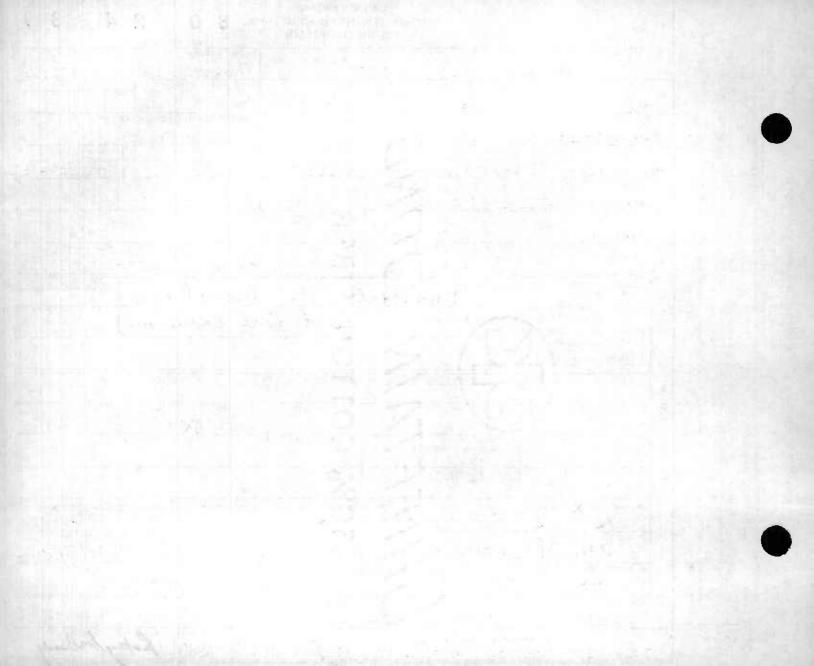
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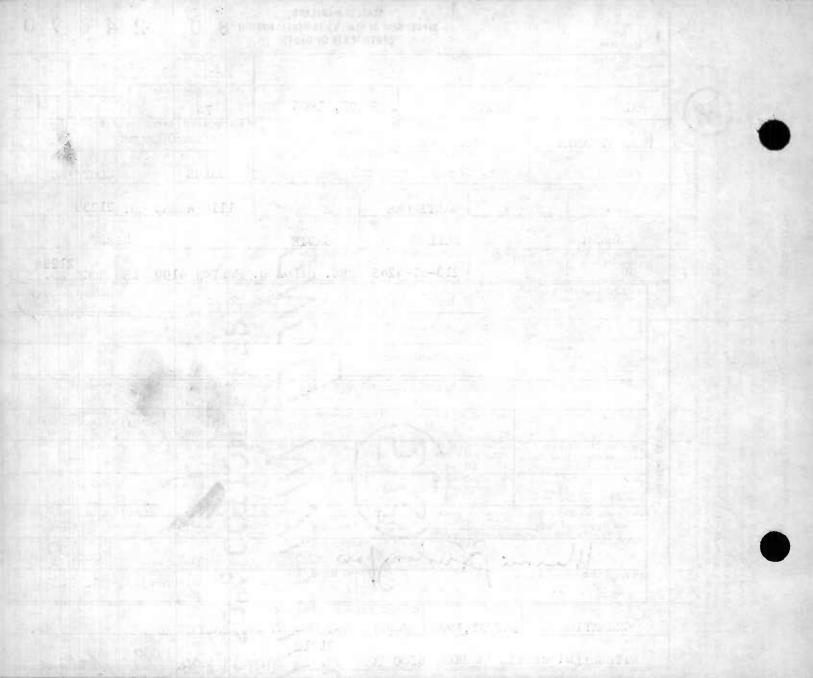
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



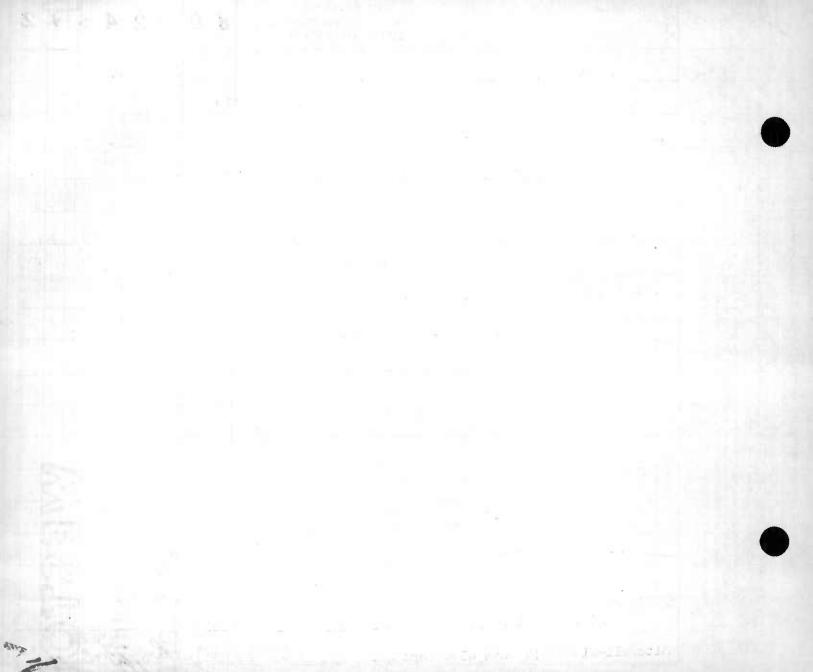


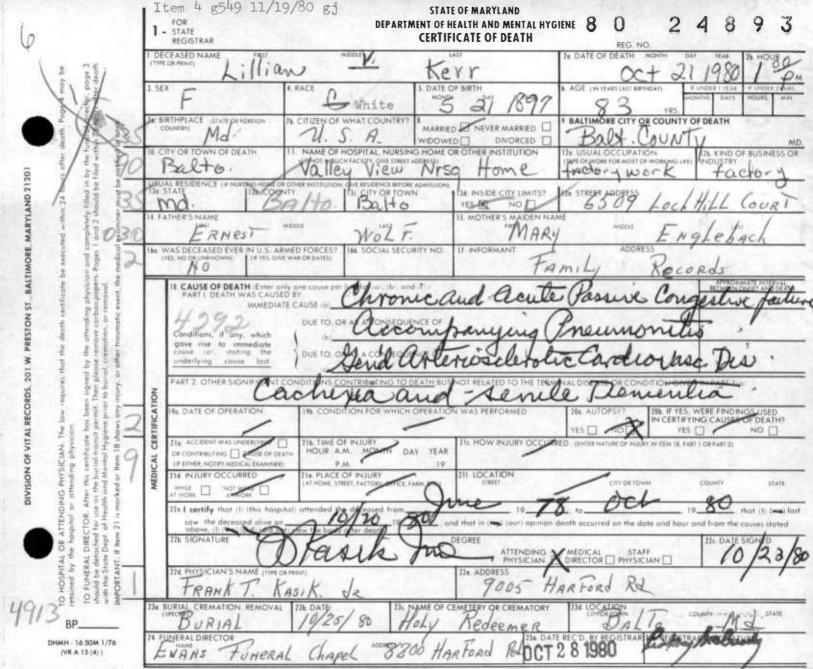






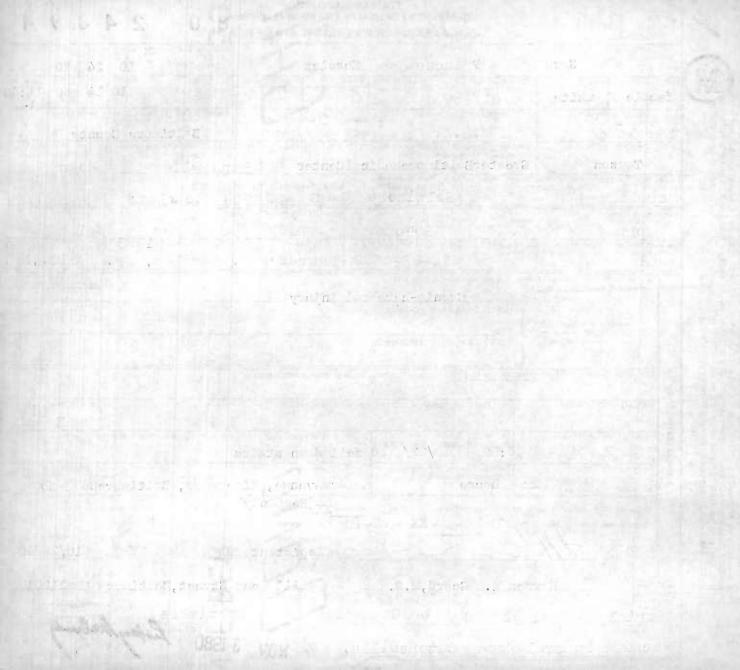
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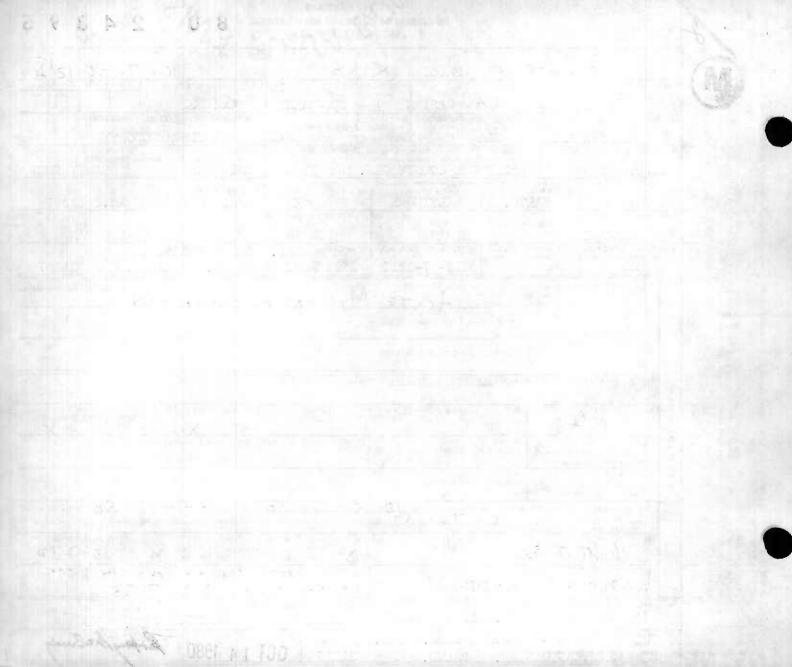


Chronical Contestioners longest in tale assempengag box majoreta So Lettering as he to the election The is Cooley for and the rule Benievilia 10/23/2

| SEX CITED MANNER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS NECESSATION OF STATE OF THE CRIFFICATE. WHITH IT HE WORD VALUE AND STATE OF THE CRIFFICATE. WITHIN THE WORD VALUE AND STATE OF THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND STATE OF THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND STATE OF THE WORD VALUE AND STATE OF THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND STATE OF THE WORD VALUE AND WITHIN THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND WITHIN THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND WITHIN THE STATE OF THE WORD VALUE AND WITHIN THE WORD V | - STATE  | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0 REG. NO. 2 4 8 9  |   |   |                            |  |  |  |  |  |  |
|--|--|---|---|---|----------------------------|--|--|--|--|--|--|
|  |  | Frances   | Kessler                                     | 20. DATE KNOWN MY MONTH OF ESTI- DEATH MATED 10                         | 24 1980 M                  |  |  |  |  |  |  |
| W  |  | S DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY 10/31/1893 86 YR                                       | Y) MONTHS DAYS HOURS                        | 4 HRS., 2c. DATE MONTH PRONOUNCED DEAD 10                               | 24 80 11:40<br>D M         |  |  |  |  |  |  |
| The second second  | FOREIGN COUNTRY)   | 76 CITIZEN OF WHAT COUNTRY? U.S.A.  | 8. MARRIED NEVER MARRIEI WIDOWED X DIVORCEI |   |                            |  |  |  |  |  |  |
| 256  | Towson   | NAME OF HOSPITAL, NURSING HOME, (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  GreaterBaltimoreMed | licalCenter                                 | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE | OR INDUSTRY Home           |  |  |  |  |  |  |
| FECORD   | 130. STATE NO COUN   | or other institution, give residence before admissionty   13t. CITY or town   Baltimor              | 13d. INSIDE CITY LIMITS?                    | 3e. STREET ADDRESS 704 Cooks Lane                                       |                            |  |  |  |  |  |  |
| 300  | John   | J. Dohone   |   | Agnes   | Welsh                      |  |  |  |  |  |  |
|  | 160. WAS DECEASED EVER IN U.S. AR<br>(YES, NO. OR UNKNOWN) (IF YES, GIVE | MED FORCES? WAR OR DATES)  166. SOCIAL SECURITY 212-05-64   | ,   | J. Kessler, Jr.   | McCurley Av. Balt., Md.    |  |  |  |  |  |  |
| AND MENTAL<br>ON, OR REMOV   | PART 2 OTHER SIGNIFICANT CONDITIONS                                      | DUE TO, OR AS A CONSEQUENCE C   |   |   |                            |  |  |  |  |  |  |
| IAL, CREN  | 190. DATE OF OPERATION   | 19b. CONDITION FOR WHICH OPERA  | ATION WAS PERFORMED?                        |   | 28. AUTOPSY? (HO) YES X NO |  |  |  |  |  |  |
| 3,803  |  | 216. PLACE OF INJURY  DEATH 6:00 PM 10/22/19 8  216. PLACE OF INJURY (AT HOME.                      |   | LENTER MATURE OF MUURY IN ITEM 18 PART 1 OR PA                          | (RT 2)                     |  |  |  |  |  |  |
| 2  | WHILE NOT WHILE AT WORK  | xx   sireet, factory, farm, etc.)   |   | Riderwood, Baltimon   | reCo MD                    |  |  |  |  |  |  |
|  | death resulted fram: Natu  | ge af the remains described abave, held an iral couses , Accident XX, Sui                           | Autapsy (Headon Hamicide                    | Undetermined manner ,   |                            |  |  |  |  |  |  |
| Z MORE, M.   | SIGNATURE  | ermez R. Guard,M.D.   |   | t MEDICAL EXAMINER DATE SIGNE PROPERTY OF THE STREET, BALTIMOT          |                            |  |  |  |  |  |  |
| BALI   | 230. BURIAL, CREMATION, REMOVAL  |   | METERY OR CREMATORY                         | Wall to A miles   | .Md                        |  |  |  |  |  |  |
| ))   | 24. FUNERAL DIRECTOR NAME MacNabb Funer                                  | al Home Catongvi  |   | 3 1980  | Herman .                   |  |  |  |  |  |  |



BALTO., MD



| FOR<br>STATE<br>REGISTRAR                          |             |   | DEPART  | MENT OF H               | OF MARYL<br>EALTH AND<br>ICATE OF I    | MENTAL HYG   | IENE 8       | O<br>REG. NO.      | 2       | 4         | 8           | 9                 | 6   |
|--|-------------|---|---|-------------------------|--|--|--------------|--------------------|---------|-----------|-------------|-------------------|-----|
| 1. DECEASED NAME                                   | FIRST       |   | MIDDLE  | L                       | AST                                    |  | 20. DATE OF  | DEATH MC           | INTH DA | Y YEA     | R Z         | P HOU             | R   |
|  | Verni       | .e  | H.  | K:                      | ing                                    |  | Oc.          | tober 8            | 3, 198  | 30        |             | 10:3              | 5AM |
| 3. SEX Female                                      |             | 4. RACE<br>Whi                              | te  | 5. DATE O               |  | 1887   | 6. AGE (INY  | EARS LAST BIRTHD   |         | UNDER 1 Y | _           | IF UNDER<br>HOURS |     |
| 70. BIRTHPLACE (STATE COUNTRY)  Marylan            |             | 76. CITIZEN OF                              | WHAT COUNTRY? A.                              | 8.<br>MARRIEI<br>WIDOWE |  | 9. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County M |              |                    |         |           |             |                   |     |
| Randallsto   |             |   | HOSPITAL, NURSIN<br>HEACHTY GIVE STREET       | 12a. USUAL (            | 12b. KIND OF BUSINESS OR INDUSTRY HOME |  |              | SS OR              |         |           |             |                   |     |
| USUAL RESIDENCE (IFN<br>130. STATE<br>Maryland     | 131 GOU     |   | GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimo | N I                     | 13d. INSIDE                            | ITY LIMITS?  | 13e STREET / | ADDRESS<br>Ramble  | ewood   | Road      | đ           |                   |     |
| John   |             | WIDDLE                                      | Highbarg                                      | er                      | 15. MOTHER                             | S MAIDEN NAA<br>FIRST<br><b>A</b>                        | ΛE           | WIDDLE             |         | Cla       | last<br>ark | e                 |     |
| 160. WAS DECEASED EV<br>(YES, NO OR UNKNOWN)<br>NO |             | RMED FORCES?<br>VE WAR OR DATES)            | 166 SOCIAL SECU<br>218-50-                    |                         | John V                                 | V. King  | , 214        | ADDRESS<br>Burning | J Tree  | e Roa     | ad          | 2109              | 93  |
| 18. CAUSE OF DE<br>PART I. DEATH                   | I WAS CAUSE | nly one couse per<br>ED BY:<br>TE CAUSE (a) | Cars  | 81                      | on.                                    | Arr  | es           |                    |         |           |             | ATE INTER         |     |

| 4292   | DUE TO OR AS CONSECU    | ENGERS O | trre  |         |  |
|--|-------------------------|----------|-------|---------|--|
| Conditions, if ony, which gove rise to immediate | 1 101 0                 | aye.     | 21761 | 1) (14+ |  |
| cause (a), stating the underlying cause last.    | DUE TO, OR AS A CONSEQU | WICE OF  | CRS.  |         |  |

| THE OF CITEMATION            | The Condition of Which of Example | WASTERI ORMI   |
|------------------------------|-----------------------------------|----------------|
| 210. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY               | 21c. HOW INJUR |

20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Y OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from

sow the deceosed olive on abave, (I) (we) (did) (did not) view the bady ofter death

21f. LOCATION STREET

77c DATE SIGNED

STATE

\_, that (1) (we) last

COUNTY

THE PHYSICIAN'S NAME (1999 CAPRING)

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS

Babu Rao M. D.

23s. BURIAL CREMATION, REMOVAL

8811 Liberty Road, Randallstown, Md.

MEDICAL

Burial

77% SEGNATURE

10-11-1980

735 DATE

23r NAME OF CEMETERY OF CREMATORY Lorraine Park Cem.

DEGREE

23d LOCATION Woodlawn

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

Balto. Maryland

24 FUNERAL DIRECTOR

CERTIFIC/

m 18

marked ar He

21 is

WPORTANT

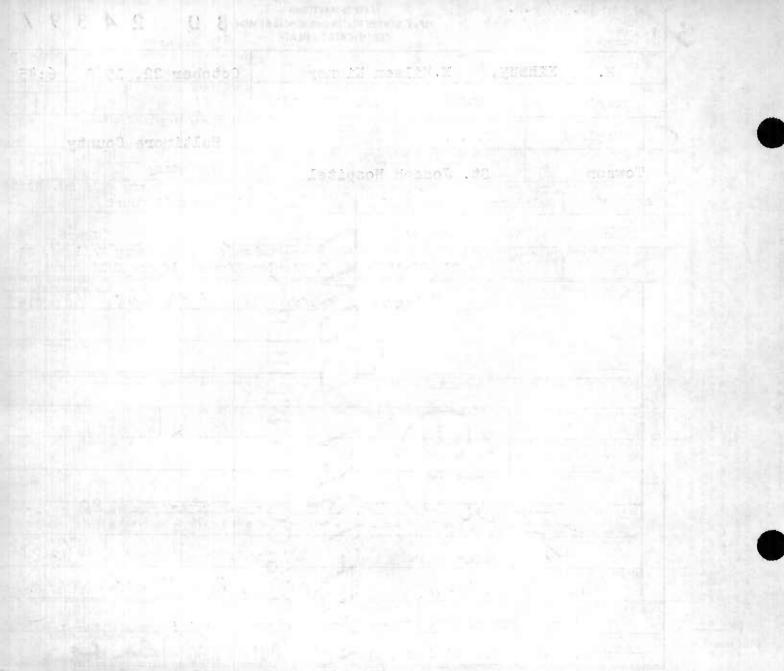
Ruck Towson Funeral Home, Inc. Towson, Md. 21

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN TURE

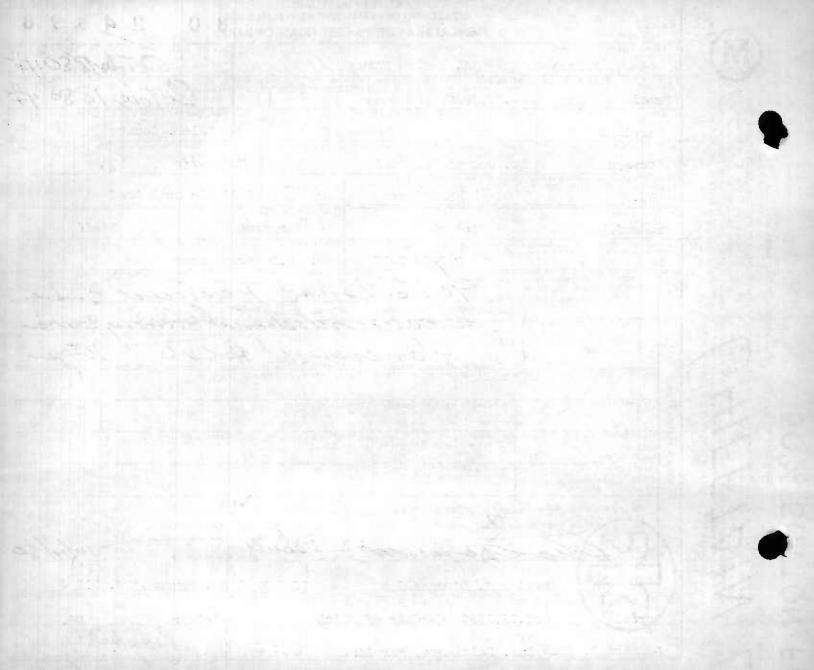
DHMH-16 30M 2/80 (VRA 15, 4)

the sales of the strain THE THE STATE OF T

| 1  | /  | 20  | #             | per Ph. W/F.H.  STATE OF MARYLAND  FOR 10/29/80 mk DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 8 9 7 |   |  |   |                           |  |                        |  |                 |                                | 7             |             |  |
|--|--|---|---------------|--|---|--|---|---------------------------|--|------------------------|--|-----------------|--------------------------------|---------------|-------------|--|
| 5  | be<br>e 3  |   |               | T. DECEASED NAME FIRST MIDDLE LAST (IYPE OR PRINT) M. KINNEY, M.Eileen Kinney                            |   |  |   |                           |  |                        | REG. NO.    2a. DATE OF DEATH MONTH DAY YEAR   2b. HOUR   6:45                         |                 |                                |               |             |  |
| dor,   |  |   |               | Female   | 4. RACE White   |  | OCT.  | OF BIRTH                  | 6. AGE   | (IN YEARS LAST BIRTI   |  | IF UNDER 1 YEAR | IF UNDER                       | 24 HR5<br>MIN |             |  |
|  | deoth. Page<br>uneral direction 72 hours   | - S   | cc            | RTHPLACE (STATE OR FO  |   | 11 5 7   |   |                           | NEVER MARRIED  DIVORCED                                    |                        | BALTIMORE CITY OR COUNTY OF DEATH  |                 |                                |               |             |  |
| 201  | ours ofter in by the fee filed with be notified  |   |               | ry or town of dea<br><b>Powson</b>   | (18   | (IF NOT IN SUCH FACILITY, GIVE STREET A St. Joseph |   |                           |  | 1 12a USL<br>(TYPE OF  | 120. USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY<br>Secretary |                 |                                |               |             |  |
| LAND 213                                       |  | 130 S<br>Ма.  | ryland        | 136 COUNTY Baltimo   | or other institution, give residence before a JNTY   13t. CITY OR TOWN   Timore   Perry Ha. |  | 4   | 1 136 INSIDE CITY LIMITS? |  | EET ADDRESS<br>Fox Hil |  |                 | 1 Md. 21128                    |               |             |  |
| MARY   | mARY complete on 1 and 2 and 2 and 2 and 2   |   | John          | A.   | 220502  | Schott   |   | Mary                      |  | E.                     | C  | Lowi            | ey                             | 0110          |             |  |
| TIMORE   | be exection on and control of some sound control of the sound control of | of.<br>the medical  | 16a W         | (AS DECEASED EVER<br>es, no or unknown)<br>NO  | (IF YES, GIVE WAR O   |  | 212-01-3  |                           | F. Stan  |                        |  |                 |                                |               |             |  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., | equires that the death certificate in signed by the attending physic. Then please remove corbanapape   | to burial, cremation, or remova<br>njury, or other traumatic event, | NC            | Canditions, if ony, gove rise to imm couse (a), statin underlying cause                                  | which nediate g the last.   | (b)  | Me tasta<br>R AS A CONSEQUE<br>R AS A CONSEQUE<br>DISTRIBUTING TO D | NCE OF                    | NOT RELATED TO THE   |                        |  | Dreas           |                                | mps.          | <u>IIro</u> |  |
| AL RECOR                                       | The low reconn.  | ene prior   | CERTIFICATION | 190 DATE OF OPERA  |   |  |   | OPERATIO                  | n was performed  | YES (                  |  | IN CERTIF       | S, WERE FINDIO<br>FYING CAUSES |               | TH?         |  |
| ON OF VIT                                      | HYSICIAN-<br>ding physic<br>in certifical<br>buriol-trom   | or from 18 sh   | MEDICAL CE    | 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCUR                         | CAUSE OF DEATH ALEXAMINER) RED 2  | P.<br>le. PLACE                                    | M. MONTH DA<br>M.<br>OFINJURY                                       | 19                        | 21c. HOW INJURY OC   | CCURRED (ENTI          | ER NATURE OF INJUR   |                 | COUNTY                         |               | TATE        |  |
| DIVISE   | NDING PA<br>al or other<br>M. After the  | Health and<br>is marked   | W             | 220.1 certify that (I)   | (this hospital) of  | tended th  | e deceosed fram_  | Se                        | ptember, 19  | 19 , to_               | October  |                 | 19_80                          | that (I)      | we last     |  |
|  | PITAL OR ATTER<br>by the hospital<br>ERAL DIRECTOR<br>de detoched for  |   |               | sow the deceose<br>above, (1) (we) (c<br>22b. SIGNATURE  | did) (did sot) view   |  | ofter deoth.  |                           | nd that in (my) Loo Tapi<br>DEGREE<br>ATTENDIN<br>PHYSICIA | NG MEDIO               |  | F               | 22c. DATE                      |               |             |  |
|  | O HOSPITAL<br>enomed by th<br>TO FUNERAL<br>should be deta   | MPORTAN   |               | 22d. PHYSICIAN'S N.  | 1 Chan  | 19   | MOS   |                           | 22e. ADDRESS<br>560/ 2                                     |                        | aven B   | Ivd.;           | Baltimo                        | r, 16         | l,21239     |  |
| 411  | 4 BP_  |   | (:            | URIAL, CREMATION, SPECIFY)  Cremati  UNERAL DIRECTOR   |   | t 24   |   |                           | CEMETERY OR CREMATO  ADMIT CEMETE  1250                    | ery                    | OCATION<br>EITY OR TOWN<br>BY REGISTRAR  |                 | Mar:                           | st<br>Land    | ATE         |  |
|  | DHMH - 16 50M<br>(VR A 15 (4)  |   |               | eonard J.  | Ruck, In  | ic.  | Baltimore   | , Mar                     |  | CT24                   | 1980   | Pop             | y hel                          | -             |             |  |

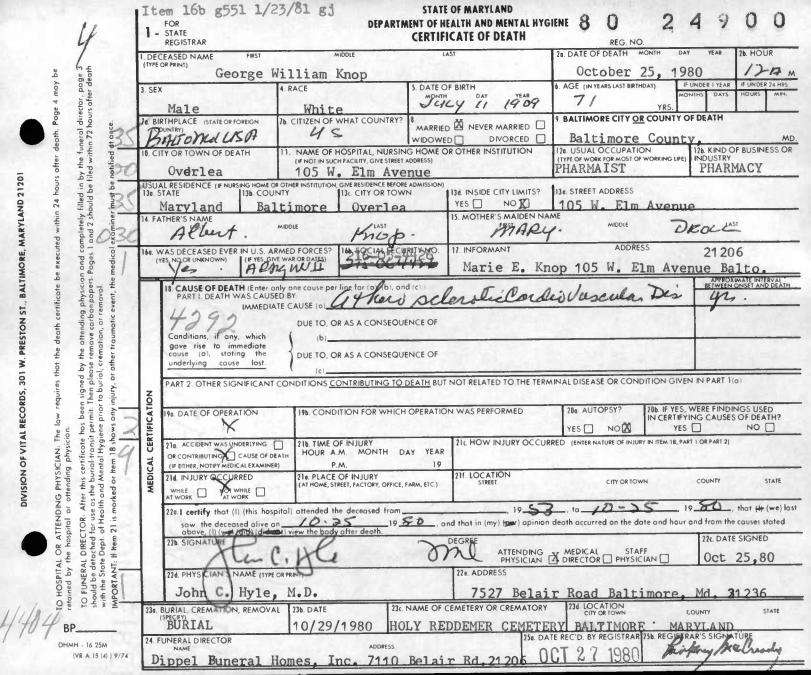


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) Elizabeth A. Knaub DEATH 4 RACE SEX 5 DATE OF BIRTH A AGE (IN YEARS | IF LINDER LYR IF UNDER 24 HRS DATE LAST BIRTHDAY Female White Mar.22,1890 90 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Balto. County USA Maryland WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)
HOUSEWIFE OR INDUSTRY Towson St. Joseph Hospital BE USUAL RESIDENCE (IF IN NURSING-HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 5513 Plymouth Road Baltimore Md. YES NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Pfaff Margaret Frederick Letsch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213+74-7010 Mrs. Ruth Tuccu same CAUSE OF DEATH (Enter only one cause per line) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO [ 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PA PRIOR 21e. PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Natural causes Undetermined manner PAGE 4 SHOUSEAL TO FUNERAL FAFER DEATH, RALTIMORE, M MEDICAL EXAMINER EXAMINER'S NAME Charles F. O'Donnell MD ADDRESS 7501 York Rd. Towson, Md. 21204 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial Dct.21,1980 Gardens of Faith Baltimore 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 GISTRAR'S GIGNATURE **DHMH-17** (R A15 ME (5) Leonard J. Ruck Inc. Baltimore, Maruland 15M 7/77



| 8  | FOR<br>STATE<br>REGISTR              | AR   | CERTIFICATE OF DEATH  REG. NO.                                       |                                     |             |                                  |            |  |                    |  |                               |  |
|--|--------------------------------------|--|--|-------------------------------------|-------------|----------------------------------|------------|--|--------------------|--|-------------------------------|--|
|  | 1. DECEASED N<br>(TYPE OR PRINT)     | ELSIE  |  | Z                                   | KNI         | LL                               | 00         | tober  | 17 198             | 1980 8:5   | 26 HOUR<br>8:52P              |  |
|  | 3. SEX<br>Fema                       | le.  | White  |                                     | Jan.        | P BIRTH  9, 190                  | 1 6. AGE   | 6. AGE (IN YEARS LAST BIRTHDAY)  79 YRS.   |                    |  | IF UNDER 1 YEAR IF UNDER 24 H |  |
| uneral direction 72 haurs  | Penns                                | sylvania   | USA  |                                     | WIDOWEE     |                                  | Bo         | 9 BALTIMORE CITY OR COUNTY OF DEATH  Baltimore County  1126 USUAL OCCUPATION  1176 KIND OF |                    |  |                               |  |
| officed with   |                                      | WN OF DEATH  | St. JO   | sephs H                             | Tospita     | R OTHER INSTITUTION              | Hot        | The USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE HOM                 |                    |  |                               |  |
| filled in by hauld be fill   | Maryla                               | and Bal  | or other institution. JNTY timore                                    | Cockeys                             | VN          | 13d INSIDECITY LIMIT<br>YES NO 🔀 | 10         | REET ADDRESS   |                    | Avenu  | е                             |  |
| ecuted within diameter fees I and 2 sha  | Fran                                 | FATHER'S NAME FIRST MIDDLE Zembower 15. MOTHER'S MAIDEN NAME Carrie  |  |                                     |             |                                  |            |  |                    | ckeysville 210   |                               |  |
| in and co  | 160. WAS DECE<br>(YES, NO OR U       | ASED EVER IN U.S. A<br>NKNOWN) (IF YES, G  |  | 166 SOCIAL SECT<br>212-10-          | 9423        | 17. INFORMANT<br>Mr. Stanle      | ey L.      | Knill l  | 0525 F             | Howard   | d Aven                        |  |
| rtiticate t<br>1 physicia<br>angapers<br>emaval.<br>event, the                             | 18 CAUS                              | 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARPID PUMONARY ARREST   |  |                                     |             |                                  |            |  |                    |  | HOUR                          |  |
| death cer<br>attending<br>ave carba<br>atian, ar re<br>coumatic e                          |                                      | 280  | DUE TO, OF   | RAS A CONSEQU<br>NEUMONIV           | ENCE OF     |                                  |            |  |                    | 3 DA   | 45                            |  |
| that the a<br>d by the o<br>ease remat<br>al, cremat<br>r ather tra                        | cause<br>underlyi                    | ise to immediate<br>(a), stating the<br>ing cause last.  | (c) C  | RAS A CONSEQU                       | E HEAR      | 2T FAILURE                       |            |  |                    | YEA  |                               |  |
| n signed<br>Then ple<br>r to buric<br>injury, or   | PART 2. 0                            | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101  AORTIC VALVE DISEASE   |  |                                     |             |                                  |            |  |                    |  |                               |  |
| he law ran. has bee it permit. iene pria   | TIFIC                                | 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YE. IN CERTIF   |  |                                     |             |                                  |            |  |                    | ES, WERE FINDINGS USED<br>IFYING CAUSES OF DEATH?<br>(ESNO |                               |  |
| SICIAN: Ti<br>ng physicic<br>certificate<br>rrial-transit<br>ental Hygi<br>Item 18 sp      | OR CONTE                             | DENT WAS UNDERLYING<br>RIBUTING CAUSE OF C<br>, NOTIFY MEDICAL EXAMINE   | PENTIT I   | M. MONTH D                          | DAY YEAR    | 21e. HOW INJURY OC               | CURRED (EN | ITER NATURE OF IN  | JURY IN ITEM 18, P | ART   OR PART 2)   |                               |  |
| IG PHYS: offending ter this ci s the bur ond Me  | (IF EITHER  21d. INJU  WHILE AT WORK | DRY OCCURRED  NOT WHILE AT WORK  | 21e. PLACE (<br>(AT HOME, STR  | OF INJURY<br>REET, FACTORY, OFFICE, | FARM, ETC.) | 21f. LOCATION<br>STREET          |            | CITY OR T  | OWN                | COUNTY   | STATE                         |  |
| ATTENDIN<br>spital or<br>CTOR: Aft<br>for use a<br>af Health                               | 22a. I cer<br>saw<br>aba             | 22a. I certify that M (this haspital) attended the deceased from 10 15 19 0 , ta 10 1 19 0 , that M (we) last saw the deceased alive an 10 17 19 0 , and that in (wy) (auch apinion death accurred on the date and hour and from the causes stated above V (we) (did) (did not) view the bady after death. |  |                                     |             |                                  |            |  |                    |  |                               |  |
| AL OR A  y the hos  (AL DIREC detached ore Dept.  IT: If Item                              | Roy                                  | ndowh W  | DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10-17-8 |                                     |             |                                  |            |  |                    |  | 7 1 7 7 7 7                   |  |
| O HOSPITAL C etained by the TO FUNERAL D should be detac with the State D with the State D |                                      | SICIAN'S NAME (TYPE  |  |                                     |             | ST. JOSEPH                       |            |  | o. MO              |  |                               |  |
| BP   | (SPECIFY)                            | REMATION, REMOVA   | 23b. DATE<br>10/2]   |                                     |             | y Valley C                       | em C       | city or town   |                    |  | Md.                           |  |
| MH - 16 50M 1/76<br>(VR A 15 (4))  | Martin                               | IRECTOR /  | son, 10 \  | ADDRESS                             |             |                                  |            | BY REGISTRA  | AR 25b. REDIS      | RAR'S S  | Rud                           |  |

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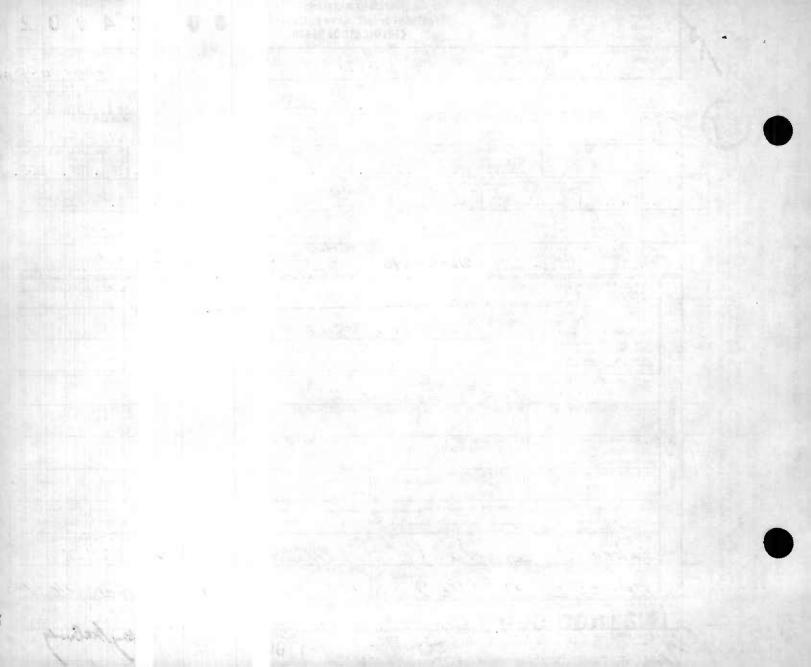


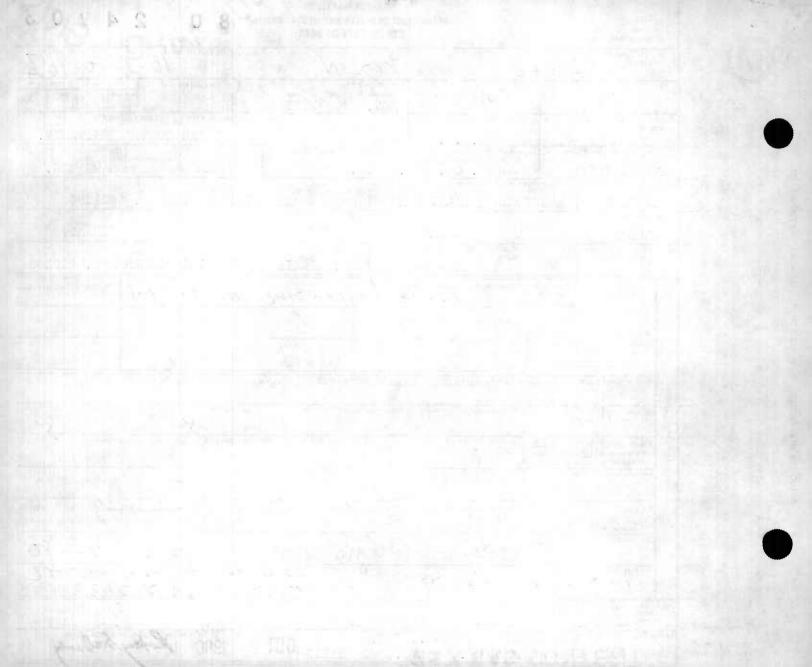
the state of the s STATE DECORAGE TE CONTROL HILLY TO Jeogge of 111 access L. Market a Broth in I. wer't on the second of the second of the second continues and the language de l'announce de l'announce de la contraction de The state of the s 21 -07-1/25 crie % cop 105 ". lm venno lnico. The second secon 53 70-35 163 notes to the second 7527 Wille Mail Stringer, 14. 3 216 DE TENNE DE LE LES DE LE LES DE LES PROFESSORS DE LE CONTRE LE CON Pichers Impered Homes, inc. 2000 large ad. 2006 Library Marie and Constitution of the Constitution of the

| V.   | 1                   | FOR<br>STATE  |                                 |                               | DEPAR                                 | 4901                     |                         |                       |  |                     |                                 |                                    |
|--|---------------------|---|---------------------------------|-------------------------------|---------------------------------------|--------------------------|-------------------------|-----------------------|--|---------------------|---------------------------------|------------------------------------|
|  |                     | REGISTRAR<br>CEASED NAME  | FIRST                           |                               | MIDDLE                                |                          | AST OF DE               | ATH                   | 2a, DATE OF DEATH                        |                     | DAY YEAR                        | 2b. HOUR                           |
| (BA)   |                     |   | eph H.                          | Koerb                         | er                                    |                          |                         |                       | 10-10-0                                  |                     |                                 | М                                  |
|  | 3. SE               | x<br>Male   | 4.                              | RACE<br>White                 |                                       | 5. DATE (                | 22-94                   | YEAR                  | 6. AGE (IN YEARS LAST                    | BIRTHDAY) YRS.      | IF UNDER I YEAR                 | HOURS MIN.                         |
| neral H  |                     |   | OREIGN 76.                      | CITIZEN OF                    | WHAT COUNTRY                          | ? 8.<br>MARRIE<br>WIDOWI | D NEVER MA              | ARRIED A              | 9 BALTIMORE CITY                         |                     | OF DEATH                        | MD.                                |
| s after d  |                     | ITY OR TOWN OF DEA  | тн 11                           | NAME OF I                     | HOSPITAL, NURS                        |                          | OR OTHER INSTIT         |                       | 120. USUAL OCCUP<br>(TYPE OF WORK FOR MO | ATION               | 12b. KIND OF                    | F BUSINESS OR                      |
| 24 haven   | 13a.                | STATE   | NG HOME OR OT 136, COUNTY Balto | 1                             | GIVE RESIDENCE BEFOR 130. CITY OR 10" | RE ADMISSION)            | 13d. INSIDE CIT         | Y LIMITS?             | 13e. STREET ADDRES                       | s<br>ue Road        |                                 |                                    |
| MARYLA MARYLA ed within ed within and 2 sh   |                     | MID   |                                 | LAST                          |                                       | 15. MOTHER'S             |                         | AE MIDDLE             |  | LAST                |                                 |                                    |
| AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, the hospital or otherwise physician and completely filled in by the funeral attended or use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shoulded in by the funeral attended for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shoulded in by the funeral attended for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled within 72 that are Dept. af Health and Mental Hygiene prior to burial, cremation, ar removal.  T. If them 21 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be found within a page 2 and 2 should be filled within 72 that are pept. after a should be filled within 72 that are pept. after 2 should be filled within 72 that are pept. after 2 should be filled within 72 that are pept. after 3 is marked at Item 18 shows any injury, or other traumatic event, the medical examiner must be found within 72 that are pept. after 3 is marked at Item 2 is marked at Item 3 is marked at Item 4 in a shows a should be a should | WAS DECEASED EVER I | N U.S. ARME<br>(IF YES, GIVE W  |                                 | 166 SOCIAL SEC                | CURITY NO.                            | Mrs. M                   | ildred                  | Jones-964             | Per Per                                  | ry Hall-            | -21236                          |                                    |
| T., BALT tificate by physicio un papers smaval.  |                     | 18 CAUSE OF DEATH<br>PART I. DEATH W.                                 | (Enter only and AS CAUSED E     | 3Y:                           | line for (a), (b), a                  | and (c).)                | axer                    | da                    | X  |                     | BETWEENO                        | NATE INTERVAL<br>NSET AND DEATH    |
| death cer<br>attending<br>nave carbo<br>ation, ar re   |                     | Conditions, if any, gove rise to imm                                  | which                           | 100                           | R AS A SA ISEO                        | UENCE OF                 | nten                    | sine                  | ec.                                      | 6                   | 200                             |                                    |
| that the d by the lease renial, crem   |                     | cause (a), stating underlying cause                                   | g the                           | DUE TO, OI                    | A CONSEQ                              | JENCE OF                 | 2000                    | n                     | 18                                       |                     |                                 | 0                                  |
| en signe<br>Then plant tabur   | NOI                 | PART 2. OTHER SIGN  |                                 |                               |                                       |                          | E57450                  |                       | NAL DISEASE OR CO                        |                     |                                 |                                    |
| AI RECC  | RTIFICA             | 196 DATE OF OPERAT  | ION                             |                               | ITION FOR WHIC                        | H OPERATIO               | N WAS PERFOR            | MED                   | 20a AUTOPSY?<br>YES ☐ NO ☐               | IN CERTIF           | , WERE FINDING<br>YING CAUSES ( | GS USED<br>OF DEATH?<br>NO         |
| IOF VIT  |                     | 21a. ACCIDENT WAS UND<br>OR CONTRIBUTING C<br>(IF EITHER NOTIFY MEDIC | AUSE OF DEATH                   | 21b. TIME O<br>HOUR A         | M. MONTH                              | DAY YEAR                 | 21c. HOW INJU           | JRY OCCURR            | ED (ENTER NATURE OF II                   | NJURY IN ITEM 18 P. | ART ( OR PART 2)                |                                    |
| IVISION  UG PHYS  attendin  ter this c  is the bur  h and Me   | MEDI                |   |                                 | 21e. PLACE (<br>(AT HOME, STR | OF INJURY<br>REET, FACTORY, OFFICE    | , FARM, ETC )            | 211. LOCATION<br>STREET | ٧                     | CITY OF                                  | TOWN                | COUNTY                          | STATE                              |
| TTENDIN<br>putal ar<br>TOR: Af<br>far use o<br>af Healtl   |                     | 22a. I certify that (1)<br>saw the decease<br>above, (1) (we) (d      | d alive an                      | 9/11                          | 10\$                                  | 5                        | nd that in (my) (a      | 19 <u>5</u> 3         | eath accurred on the                     | date and hour       |                                 | hat (1) (we) last-<br>auses stated |
| at OR A<br>the has<br>at DIREC<br>etached<br>the Dept.   |                     | 77% SIGNATURE   | _/                              | 1 1                           | 24/                                   | 17                       | DEGREE<br>AT            | TENDING<br>TYSICIAN Z | MEDICAL S                                | TAFF                | 22c. DATE S                     | IGNED / ST/                        |
| TO HOSPITA TO FUNER should be di with the Sto  |                     | 22d. PHYSICIAN'S NA   | ME (TYPE OR PE                  | RINT)                         | Rich.                                 | 150                      | 22e. ADDRESS            | 28                    | Harlo                                    | d Pu                | 1                               | 900                                |
| Of Off M   | 23a. I              | BURIAL, CREMATION, I  | REMOVAL                         | 23b. DATE                     | 230                                   | NAME OF C                | EMETERY OR CR           | REMATORY "            | 723d. LOGATION                           | 7 19                |                                 |                                    |
| 10 OBP   |                     | Burial  | 60.7                            | 10-11-                        | -80                                   |                          | REdeeme                 |                       | Bo                                       | Ita M               | COUNTY                          | Brate                              |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  |                     | UNERAL DIRECTOR   | an Inc                          |                               |                                       | 0                        | C                       | 950. DATE             | REC'D, BY REGISTR                        | AR BILL S           | my hel                          | reody                              |

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|  | 1             |  | STATE OF MARYLAND           |   |              |                      |           |   |             |                |  |      |
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| 20   | 1-            | FOR<br>STATE<br>REGISTRAR  |                             | DEPART  |              | CATE OF DEAT         |           | NE 8 0  | D           | 2 4            | 90   | 2    |
| /  | 1. DEC        | CEASED NAME FIRST OR PRINT)  |                             | MIDDLE  | LA           | ST                   |           | O DATE OF DEATH   | монтн і     | OAY YEAR       | Zb. HOUR   |      |
| be 3   |               | DAVID  |                             | K   | DER          | 121                  |           | 10  | 20          | 0 198          | 011.45   | W. M |
| may<br>pa  | 3. SE)        |  | 4 RACE                      |   | S. DATE O    | FBIRTH               | 6         | AGE (IN YEARS LAST BIRT                                       |             | WUNDER I YEAR  |  |      |
| age 4  | N             | MALE   | WHIT                        | E   | NO           | V. 30, 19            | 11        | 68  | YRS         |                | WOORS MAKE   |      |
|  |               | RTHPLACE (STATE OR FOREIGN DUNTRY)   | 76 CITIZEN OF               | WHAT COUNTRY?   | MARRIET      | NEVER MARRI          | ED        | BALTIMORE CITY O  | R COUNTY    | OF DEATH       |  |      |
| 8  |               | MARYLAND   | US                          |   | WIDOWE       | DIVORCE              | ED 🗆      | BALTIMO   | RE COL      | JNTY           | ٨  | MD.  |
| by the st be no  |               | RANDALLSTOWN   | (IF NOT IN SUC              | HOSPITAL, NURSIN<br>TH FACILITY, GIVE STREET<br>MORE COUN | ADDRESS)     | ROTHER INSTITUTE     |           | 70. USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST OF<br>PURCHASING | WORKING LIF | E) INDUSTRY    | OF BUSINESS OF BUS |      |
| mus file   | USUA          | AL RESIDENCE (IF NURSING HOME C<br>TATE 136 COU                            | OR OTHER INSTITUTION        | GIVE RESIDENCE BEFOR                                      | E AGMISSION) | 121 INICIDE CITY III | urco di   | 2. CYPETY ADDRESS   |             |                |  |      |
| in 24  |               |  | TIMORE                      | RANDALL   |              | YES AN NO            | WIIS!     | 30. STREET ADDRESS<br>8440 ALLENS                             | SWOOD       | RD.            | #21133   |      |
| within 2 within 3 wit | 14. FA        | THER'S NAME  |                             |   |              | 15. MOTHER'S MAIL    |           |   |             |                |  | _    |
| ted y d 2  |               | MORRIS   | MIDDLE                      | KOER IN   |              | RE1                  | BECCA     | MIDDLE  |             | BLOCK          | ist.   |      |
| DIVISION OF VITAL RECORDS, 201 W. PRESION ST., BALLIMORE, MARTIAND 2120  DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.  After this certificate has been signed by the attending physician and completely filled in by st the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by Mental Hygiene prior to burial, cremation, or removal.  The and Mental Hygiene prior to burial, cremation, or eneval.   | 16e W         | VAS DECEASED EVER IN U.S. AI<br>ES, NO OR UNKNOWN) (IF YES, GN<br>YES WWI] | VE WAR OR DATES)            | 216-05-   |              | 17 INFORMANT         | MRS.      | HARRIET KOI   | ss<br>ERIN  |                |  |      |
| ian a<br>Fage  |               |  | I – NAVY                    |   |              | 8440 ALL             | ENSWO     | OD RD., RAI   | VDALLS      | STOWN          | MD 2117  | 3.3  |
| hysiciar<br>apers. P<br>noval.   |               | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS                      | inly one couse per<br>ED BY | line for (o), (b), an                                     |              | 21007                | 2         | DONES   | ,-          | BETWEEN        | ONSET AND DEATH  | H    |
| on pi  |               |  | TE CAUSE (a)                | PIKDIO  | RE3          | 118710               | K7        | FIRKES  | -/          | _              |  | _    |
| endi<br>carbi  |               | 4341   | DUE TO, O                   | RAS A CONSEQUI  | ENCE OF      | == 110               | nna P     | 0318  |             | 7              |  |      |
| the att  |               | Conditions, it any, which gave rise to immediate                           | (b)                         | LEKED   | KHIL         | INKU                 | 11110     | 03/3  |             |                |  |      |
| ss that<br>I by the<br>sse rem<br>al, cren<br>/, or ot   |               | cause (a), stating the underlying cause last                               | DUE TO, O                   | RAS A CONSEQUI  | TENCE OF     | 1510N                |           |   |             |                |  |      |
| requires is signed if en pleas to burial (injury,  | z             | PART 2 OTHER SIGNIFICANT   | CONDITIONS                  | ONTRIBUTING TO  | DEATH BUT    | NOT RELATED TO TH    | HE TERMIN | AL DISEASE OR CON   | DITION GIV  | EN IN PART 1   | (0)  |      |
| been serior to   | CERTIFICATION | 19a DATE OF OPERATION  | 19 COND                     | ITION FOR WHICH   | OPERATION    | WAS PERFORMED        | )         | 70a AUTOPSY?  | 70h. IF YES | S, WERE FIND   | INGS USED  | _    |
| The L  | FIC.          | 178 DATE OF OFERATION  | 176 COND                    | more or writer  | OI EKATIO    | T WAS I EN ORMED     |           | YES NOT   | IN CERTIF   | FYING CAUSE    | S OF DEATH?  |      |
| CIAN:<br>cian.<br>cian.<br>ifficate<br>msit per<br>Hygie<br>m 18 s   | ERT           | 71a ACCIDENT WAS UNDERLYING  | 716. TIME C                 | F INJURY  |              | Tric HOW INJURY      | OCCURRE   | D (ENTER NATURE OF INJUI                                      |             |                |  | _    |
| HYSICIAN physician. is certificat isl-transit plental Hygin or Item 18   |               | OR CONTRIBUTING CAUSE OF DE  | EATH HOUR A                 | M. MONTH D  |              |                      |           |   |             |                |  |      |
| PHYSIC<br>physic<br>physic<br>physic<br>his cert<br>irial-tra<br>Mental<br>I or Itee   | MEDICAL       | (# EITHER, NOTIFY MEDICAL EXAMINED   |                             | M.<br>OF INJURY   | 19           | ZII LOCATION         |           |   |             |                |  | _    |
| DING PI<br>trending<br>After th<br>s the bur<br>th and N<br>marked   | MEI           | WHILE NOT WHILE AT WORK  | (AT HOME, ST                | REET, FACTORY, OFFICE,                                    | FARM, ETC }  | STREET               |           | CITY OR TOV   | M           | COUNTY         | STATE  |      |
| NDIN<br>SNDIN<br>Satter<br>Salth salth is mai  |               | 22a I certify that (1) (this has   | oital) attended th          | e deceased from   |              | . 19                 |           | _ to  |             | 19             | , that (1) (we) le   | lost |
| ATTEN<br>Dital or a<br>Dital or a<br>ECTOR:<br>for use a<br>for use a<br>em 21 is  |               | saw the deceased alive o   | n                           | 19_   | , on         |                      |           | eath accurred an the de                                       | ate and hav | er and from th | e couses stated  |      |
| DIRECTOR OF THE TENT OF THE TE |               | above, (1) (we) (did) (did n<br>77b. SIGNATURE                             | iot) view the body          | ofter deoth.  | (            | DEGREE               |           |   |             | 22c. DA1       | E SIGNED   | _    |
| AL CAT<br>he hos<br>AL DIR<br>ached<br>e Depu  |               | Harlogs 1  | 40                          | plu 112   |              | ATTEN                | DING      | MEDICAL STAT  |             | 10,            | /20/80   |      |
| ERAL State State   |               | 124 PHYSICIAN'S NAME (TYPE   | OR PRINT)                   | 2 100   |              | 220 ADDRESS          | ICIAIT [  | DIRECTOR EL TOTAL   |             |                |  |      |
| TO HOSPITALEN retained by the hospi TO FUNERAL DIRE should be detached fow with the State Dept.  |               | HOFFE  | 97                          | SYLI  | min          | 8A1. TI              | mok       | " E COUN  | 154         | 6EN            | 1 1408.  | P    |
| To To Shoot with   | 23a I         | BURIAL, CREMATION, REMOVA  | L 23h. DATE                 | 23c.  | NAME OF C    | EMETERY OR CREM      | ATORY     | 73d. LOCATION   |             | COUNTY         | STATE  | =    |
| BP   | (             | BURIAL   | ATT AND I                   | RI  | ETH TT       | MEMORIAL             | DADY      |   | STOWN       | BAM            |  | D    |
| 1026   | 24 F          |  | LEVINSOI                    | 2,1980 B<br>N & BROS.                                     |              |                      | 256. DATE | REC'D. BY REGISTRAR   | 256. RF 15  | LA CALLED      | Windy  |      |
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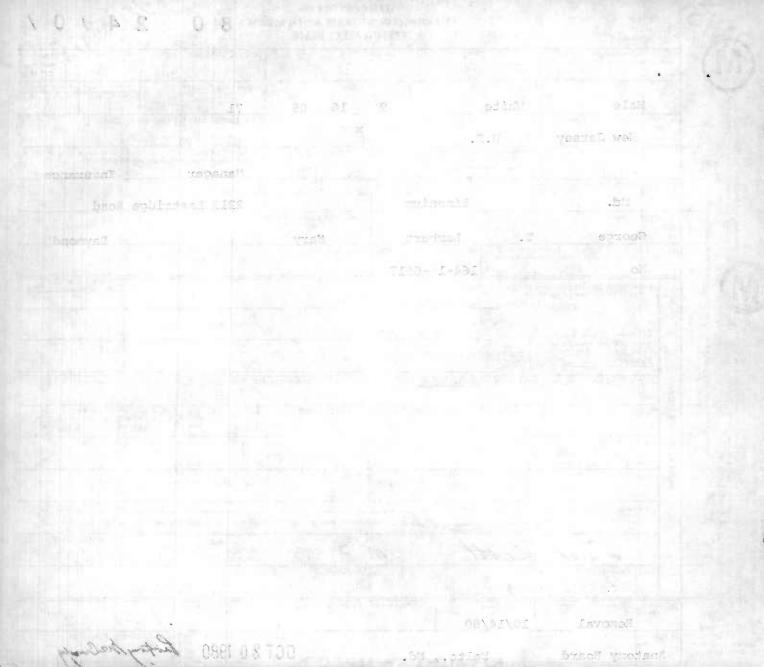


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|   |               | REGISTRAR CEASED NAME FIRST   |                         | MIDDLE                               |                          | AST DEATH  | REG. N<br>20. DATE OF DEATH                                 | O. MONTH DAY                   | YEAR 2      | b. HOUR                         |
| 4 25 1  | (TYP)         | RAYM  | OND I                   | FAUSTO                               | LAN                      | CIOTTI   |   | 10 21                          | 80          | 10:35P                          |
| 0 0 0   | 3. SE         | x   | 4. RACE                 |                                      | 5. DATE C                |  | 6. AGE (IN YEARS LAST BIR                                   | THDAY) IF UN                   |             | F UNDER 24 HRS                  |
| B STATE OF  |               | Male  | Whi                     |                                      | 8                        | 6 1922   | 58  | YRS.                           |             |                                 |
| or o  | 4             | RTHPLACE (STATE OR FOREIGN COUNTRY)   | US.                     |                                      | MARRIE                   |  | 9. BALTIMORE CITY OF  | · BA                           | LTO         | Co. MD.                         |
| 156   | В             | ALTIMORE  | 6701                    | N. CHAF                              | RLES                     | STREET   | 12a. USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST C<br>Fashion D | F WORKING LIFE)                | NDUSTRY     | s Appar                         |
| Hilled in Pould be  | USU<br>13a.   | AL RESIDENCE (IF NURSING HOME STATE Md. 136 COL   | Tto.                    | 13c. CITY OR TOV                     | E ADMISSION)<br>VN<br>Dn | 13d. INSIDE CITY LIMITS?                                 | 13e. STREET ADDRESS<br>1226 Wine                            | spring                         | Lane        |                                 |
| completely<br>1 and 2 sh  | 14. F/        | ATHER'S NAME Armando  | WIDDLE                  | Lanciott                             | i                        | 15. MOTHER'S MAIDEN NAI                                  | ME<br>MIDDLE  |                                | LAST        |                                 |
| n ond co  |               | VAS DECEASED EVER IN U.S. A<br>YES, NO OR UNKNOWN) (IF YES, C   | RMED FORCES             |                                      |                          | 17. INFORMANT<br>Elisa M. L                              |   | S1226 W<br>Towson              | _           | ring Ln.                        |
| juires that the death cer<br>signed by the attending<br>ten please remove corbo<br>o buriol, cremotion, or re<br>jury, or other troumotic e | Z             | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT | (b)_<br>DUE TO,<br>(c)_ | OR AS A CONSEQUE                     | ence of                  | NOT RELATED TO THE TERM                                  | LINAL DISEASE OR CON  | DITION GIVEN II                | Six         | year                            |
| IN: The low rec hysicion. hysicion consit permit. The Hygiene prior thy Babows ony in   | CERTIFICATION | 19a date of operation   | 19b. CON                | DITION FOR WHICH                     | OPERATIO                 | N WAS PERFORMED  | 200 AUTOPSY?  | 20b. IF YES, WE IN CERTIFY INC |             | S USED<br>F DEATH?              |
| SICIA<br>ng pl<br>certif<br>ricol-t<br>entol<br>frem  | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING CAUSE OF D<br>(IF EITHER NOTIFY MEDICAL EXAMIN                            | EATH HOUR .             | OF INJURY<br>A.M. MONTH D<br>P.M.    | AY YEAR                  | 21c. HOW INJURY OCCURE                                   | RED (ENTER NATURE OF INJU                                   | RY IN ITEM 18, PART 1          | OR PART 2)  |                                 |
| After this<br>e os the bu<br>olth and M<br>marked ar  | MED           | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLAC<br>(AT HOME : | E OF INJURY STREET, FACTORY, OFFICE. | FARM, ETC.)              | 211. LOCATION<br>STREET                                  | CITY OR TO  | WN                             | COUNTY      | STATE                           |
| hospital or IRECTOR: A hed for use ept. of Health   |               | 22a I certify that (I) (this has<br>sow the deceased alive cobove, III (we) (did) (did)                                   |                         |                                      | 80.0                     | nd that in (my) (get) opinion                            | deoth occurred on the d                                     | 14                             | from the co | ot (I) (ve) lost<br>uses stoted |
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| TO HOSPITAL retoined by the TO FUNERAL Is should be deto with the Stote IMPORTANT: If   |               | Dr. William   |                         | g                                    |                          |  | Drive, To   | wson, N                        | Id. 21      | 204                             |
| 5   | 23a.          | BURIAL, CREMATION, REMOVA   |                         |                                      |                          | EMETERY OR CREMATORY                                     | 23d. LOCATION<br>CITY OR TOWN                               | co                             | UNTY        | STATE                           |
|   | 74. F         | _Burial   | 10/2                    | 24/80 D                              | ulane                    | Valley Cem   | <ul> <li>Cockey</li> <li>E REC'D. BY REGISTRAR</li> </ul>   | sville I                       | Balton      | Md.                             |
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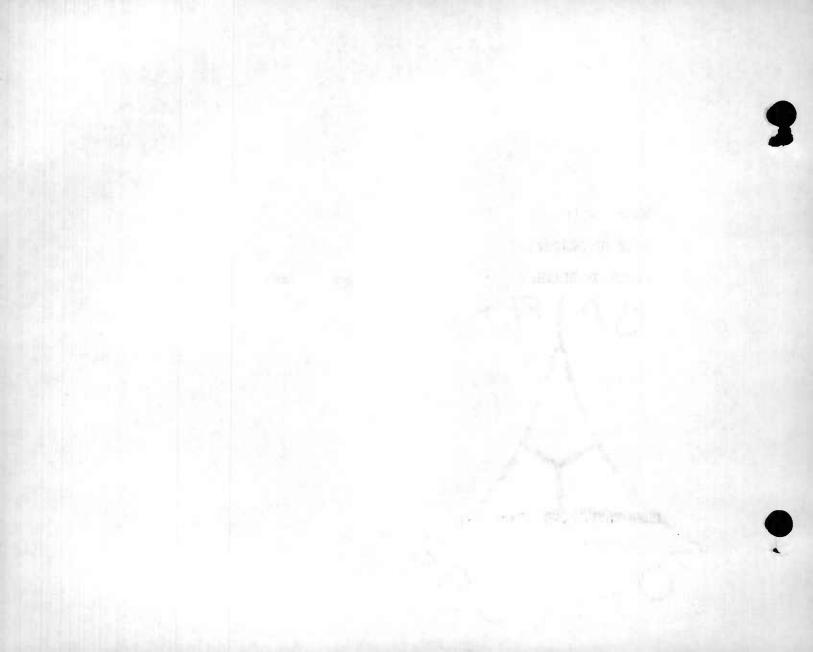
NAME: Raymond Fausto Lanciotti

DATE OF DEATH: October 21, 1980

PLACE OF DEATH: Baltimore County SEE: #80-24906

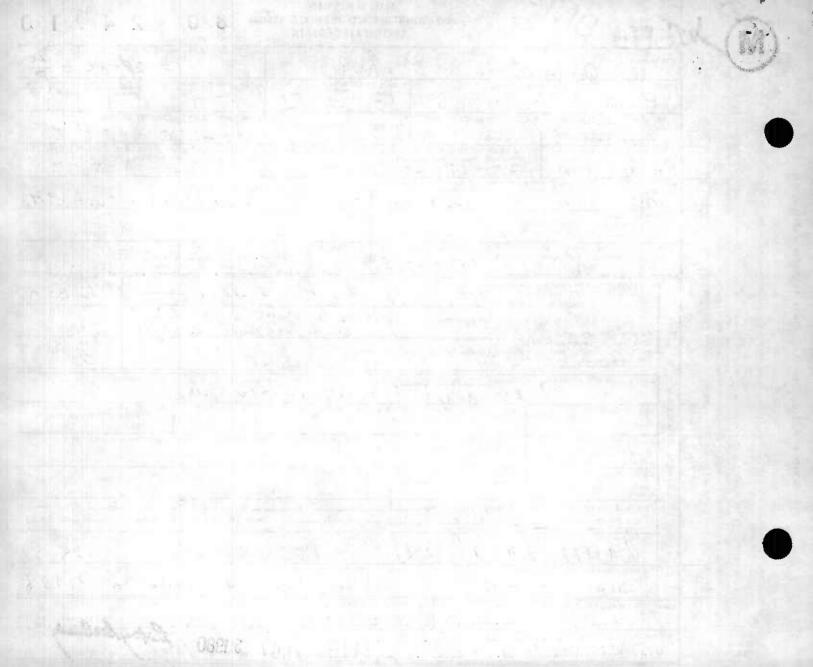
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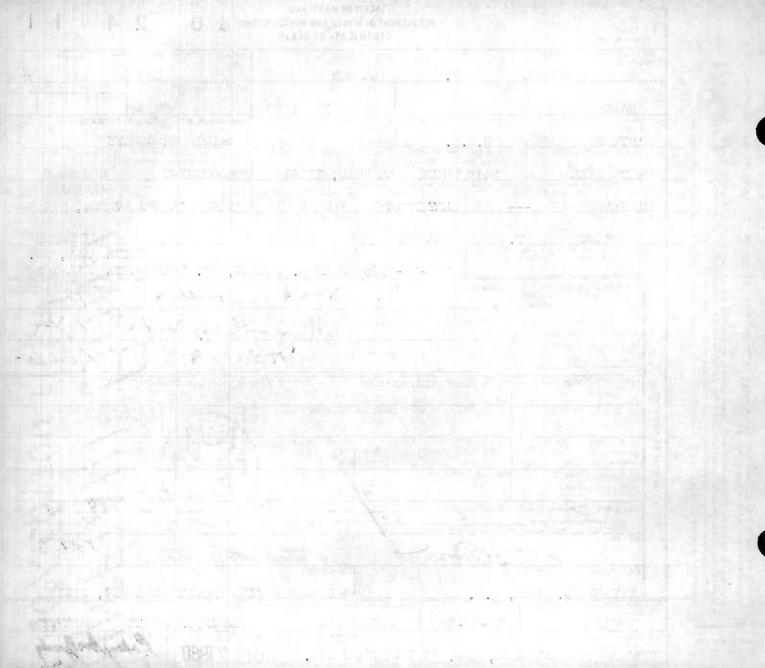


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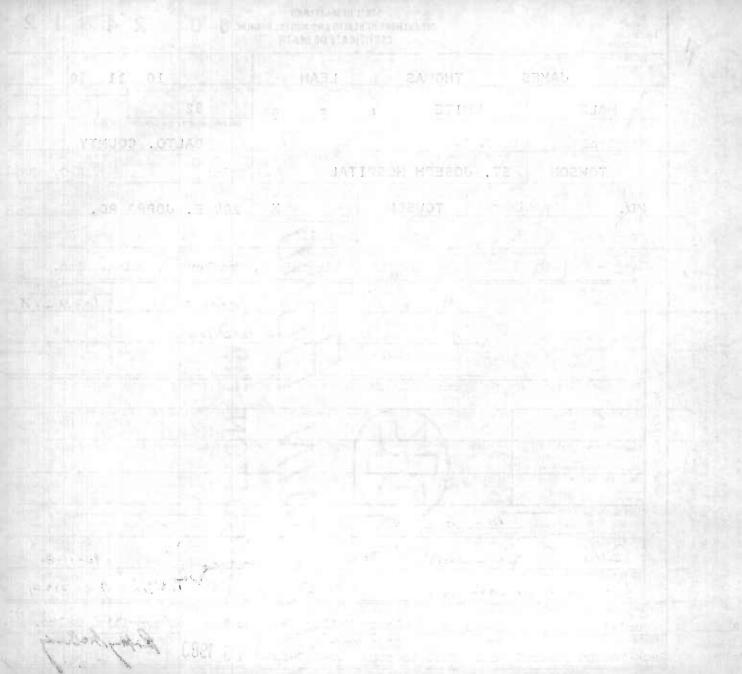
|   | and the same of th |   | STATE OF MARYLAND                                  |   |   |
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| And to  | FOR<br>- STATE<br>REGISTRAR  |   | DEPARTMENT OF HEALTH AND MEI<br>CERTIFICATE OF DEA |   | 24910   |
| 0   | T. DECEASED NAME   | FIRST MIDDLE  | LAUY   | 24 DATE OF DEATH MONTH  | 28-80 6 40<br>BM  |
| age 4 may<br>actor, pay<br>statue de<br>mcs.  | F EMALE  | CAUCASIA  | S DATE OF BIRT 2  MONTH  DAY  TO XXX               | VEAR O YEARS LAST BIRTHDAY  | FUNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS/ MIN            |
| July at 0   | 70 BIRTHPLAROLAN COUNTRY   |   | MARRIED LI NEVER MAR                               | RRIED BALTIMORE CITY OR COUNTRICED BALTO                          | CTY CO, MD.   |
| by the tu   | RANGELL  | NA PALTO CT   | 4 CENHAIR  | 128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE | 126. KIND OF BUSINESS OR INDUSTRY AT HOME                     |
| AND 212   | USUAL RESIDENCE (# N   | IRSING HOME OR OTHER INSTITUTION, GIVE RESIDENTLY 131. CITY | YO 2/2/5 YES XX NI                                 |   | vedere Avet #16   |
| MARYL.  | 14 FATHER'S NAME<br>FIRST<br>ISAD  |   |  | ANNA  | UNKNÖWN   |
| TIMORE, te be exected an and co   | 160 WAS DECEASED EV  | LUE VEC CAVE WAR OR DATECT                                  | -03-0357 INFORMANT                                 | MRS. ANNETTE BLUE<br>BLANCHE RD. BALTO                            | STEIN  MD 21215  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.  After this certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 mount is than Mental Hygene prior to burial, cremation, or removal.  The strength of the strength of the strength of the manual filled in the strength of the | Conditions, if or gove rise to it couse (o), sto underlying cou  | ty, which mediate ting the se last                          | ONSEQUENCE OF Dreng                                | cardiac arres   | + 8 hrs   |
| The law requestions: The law requestration of the prior to be shown any injury.   | 198 DATE OF OPER   | Recerte   | R WHICH OPERATION WAS PERFORM                      | ED 200 AUTOPSY? 200. IF   | YES, WERE FINDINGS USED  YES, WERE FINDINGS USED  YES NO NO   |
| PHYSICIAN: TI<br>pphysician.<br>this certificate he<br>urial-transit pen<br>Mental Hygiene<br>d or Item 18 sho  |  | CAUSE OF GEATH HOUR A.M. MC                                 | NTH DAY YEAR                                       | RY OCCURRED (ENTER NATURE OF INJURY IN ITEM                       |   |
| DIVISION  TENDING PH  or attending use as the bur Health and M  21 is marked A  | WHILE NOT WAT WORK AT WORK AT  | IRRED 21a, PLACE OF INJUI<br>(AT HOME, STREET, FACTO        | RY RY, OFFICE, FARM, ETC.) 21f LOCATION STREET     | CITY OR TOWN  | COUNTY STATE  |
| OR OR Hea   | sow the dece<br>abgye, (I) (we   | 10/7/2/0/11   | oth.   | opinion death occurred on the date and l                          |   |
| ITALOR AT INTALOR AT AT INTALOR AT INTALOR AT INTEGER detached for up is tate Dept. of item 2 ATT: if Item 2  | 22b. SIGNATURE   | uil takal   | DEGREE ATTE  | ENDING MEDICAL STAFF  | 10,28 80  |
| TO HOSPITAL. retained by the It. TO FUNERAL Dishould be detach with the State D imPORTANT: II.  | Dan  | el Bakal  | 600  | Keisterstown  | Kd 2/208  |
| 1///BP  | 23a BURIAL, CREMATIO<br>(SPECIFY) BURI   | AL   OCT.30,198   | 80 BETH ISAAC ADA                                  | CITY OR TOWN  | COUNTY STATE MARYLAND   |
| DHMH-16 25M<br>(VRA 15, 4) 1/79   | 6010 REIS  | SOL LEVINSON & BEFERSTOWN RD. BA                            | ROS., INC.<br>ALTO., MD 21215                      | NOV 5 1980  | 7   |



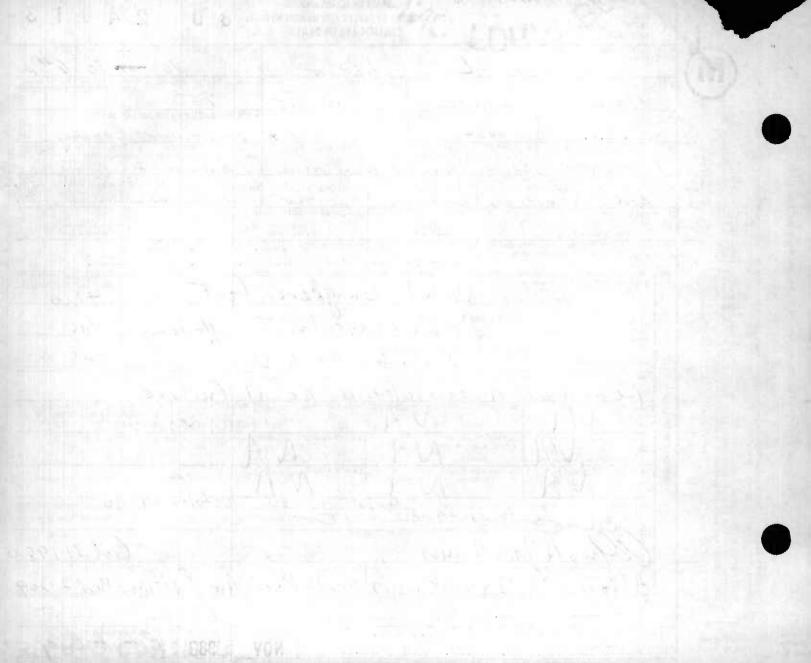
| *  | FOR 1 - STATE  |  |                    | AND MENTAL HYGI        | ENE 8 0  | 24911  |  |  |
|--|--|--|--------------------|------------------------|--|--|--|--|
|  | REGISTRAR  |  | CERTIFICAT         | E OF DEATH             | REG. NO.   |  |  |  |
|  | . DECEASED NAME FIRST (TYPE OR PRINT)  | MIDDLE   | LAST               |                        | 20. DATE OF DEATH MONT                             | H DAY YEAR 26 HOUR   |  |  |
| 0  | HORAC  |  | LEAMON             |                        | 10   |  |  |  |
| 8 44   | B. SEX   | 4. RACE  | 5. DATE OF BIRT    | H<br>DAY YEAR          | 6 AGE (IN YEARS LAST BIRTHDAY)                     | MONTHS DAYS HOURS MIN  |  |  |
| 18 85  | MALE   | WHITE  | 01                 | 31 1890                | 90   | YRS  |  |  |
| ▲ X 攀 上人   | BIRTHPLACE (STATE OR FOREIGN COUNTRY)  | 76. CITIZEN OF WHAT COUNT  | RY? 8. MARRIED 🖰   | NEVER MARRIED          | 9 BALTIMORE CITY OR CO                             | DUNTY OF DEATH   |  |  |
| 123 30 1   | MARYLAND   | U.S.A.   | WIDOWED            | DIVORCED [             | BALTIMORE C  |  |  |  |
| 1 11   | ID CITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NUI<br>(IF NOT IN SUCH FACILITY, GIVE ST   |                    | IER INSTITUTION        | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | 12b. KIND OF BUSINESS OR INDUSTRY  |  |  |
| 500 1 200  | WHITE HALL   | 2419 WHITE   |                    | 21161                  | MACHINIST  | EDGEWOOD   |  |  |
| of in by   | USUAL RESIDENCE (IF NURSING HOME O<br>130. STATE 135 COU                             | R OTHER INSTITUTION, GIVE RESIDENCE B<br>NTY 13c CITY OR T   | OWN 13d. IN        | SIDE CITY LIMITS?      | 13e STREET ADDRESS                                 | ARSENAL  |  |  |
| MARYLAND ed = thin 24 ond 2 should eventionering   | MARYLAND   | BALTIN   |                    |                        |  | S AVENUE, 21223  |  |  |
| The state of the s | 4 FATHER'S NAME FIRST  | MIDDLE LAST  | 15 MG              | OTHER'S MAIDEN NAM     | MIDDLE   | LAST   |  |  |
|  | ROBERT   | T. LEAN  |                    | AMANDA                 |  | SIMMONDS   |  |  |
| O Do  | 60 WAS DECEASED EVER IN U.S. AI<br>(YES, NO OR UNKNOWN) (IF YES, GIV                 | RMED FORCES? 166 SOCIAL S<br>E WAR OR DATES)   | ECURITY NO. 17 IN  | FORMANT                |  | WHITE HALL, MD.  |  |  |
| 1 1 1  | NO   | 220-2  | 0-7399 JC          | HN E. CHAN             | EY, SR. 2419                                       | WHITE HALL ROAD  |  |  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN: The low requires that the death certificate be executed physician.  When this certificate has been signed by the ottending physician and as the buriol-transit permit. Then please remove carbonopert Proper in the and Mental Hygiene print to buriol-cremation, arremoval.  Orked or Item 18 shows any injury, or other traumatic event, the medical   | 18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS                                  | nly one couse per line for (o), (b)  | , and (c).1        | Vans [                 | in to x  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH   |  |  |
| oertificate certificate physici removal.   |  | TE CAUSE (o)   |                    | , , , ,                | 2000   |  |  |  |
| RESTON :<br>e death ce<br>a ottendin<br>mave carb<br>totian, or r  | 7/0-   | DUE TO, OR AS A CONSE  | QUENCE OF          | M .                    | d Inda   | 4/1/   |  |  |
| the deat   | Canditions, if any, which gove rise to immediate                                     | (b)  |                    | 11/20                  | · CO   |  |  |  |
| W. P   | cause (a), stating the underlying cause last   | DUE TO, OR AS A CONSE  | QUENCE OF          | 715                    | CIN  | Yun.   |  |  |
| RDS, 201 W. P equires that the signed by the Then pleose ret to buriol, creer injury, or other   |  | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) |                    |                        |  |  |  |  |
| requires requires Then plant to burint to burint injury, of  |  | CONDITIONS CONTRIBUTING  | TO DEATH BUT NOT R | ELAIED TO THE TERMI    | NAL DISEASE OR CONDITIC                            | ON GIVEN IN PART I(a)  |  |  |
| ECOR<br>ow red<br>prior t  | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING                                   | 196. CONDITION FOR WH  | ICH OPERATION WAS  | PERFORMED              | 20a AUTOPSY? 20b.                                  | IF YES, WERE FINDINGS USED   |  |  |
| TALREI The loricion. Te has to perror sir perror shows a   | JFI.   |  |                    |                        | YES NOT  | CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \)  NO \( \bigcap \)   |  |  |
| C PHYSICIAN: The ottending physician rer this certificate he site buriol-transit p cond mental Highen ked or frem 18 show.   | 210. ACCIDENT WAS UNDERLYING   |  |                    | OW INJURY OCCURR       | ED (ENTER NATURE OF INJURY IN IT                   |  |  |  |
| SICIAN: TI<br>ng physici<br>certificate<br>uriol-transi<br>tem 18 sh   |  |  | DAY YEAR           |                        |  |  |  |  |
| PHYSICIAN:<br>ending physic<br>this certifico<br>the buriol-tron<br>d d meriol Hyd<br>d or frem 18   | OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216, INJURY OCCURRED | 21e. PLACE OF INJURY   | 211. L             | OCATION<br>STREET      |  |  |  |  |
| DIVISIC<br>or attend<br>After this<br>e as the tolth and a   | WHILE NOT WHILE THE AT WORK  | (AT HOME, STREET, FACTORY, OFF   | ICE, FARM, ETC.)   | ZIKEEI                 | CITY OR TOWN                                       | COUNTY STATE   |  |  |
| DO SOE   | 220.1 certify that the (thus hasp  | ital) attended the deceased fro  |                    | 19.76                  | _, to  | , 19 50 , thou (we) lost   |  |  |
| R ATTEN<br>hospitol<br>RECTOR:<br>sed for us<br>spt. of He   | saw the deceased alive at  | DEEView the body ofter death.  | 9 8 d , and that   | in (aur) apinian d     | leath accurred on the date a                       | nd haur and fram the causes stated   |  |  |
| SPITAL OR A'SPITAL OR A'SPITAL OR A'SPITAL DIRECTOR DE detoched 'E Storle detoched' TANT: If hem   | 226. SIGNATURE   | ar view me cody oner decim:  | DEGRE              |                        |  | 220. DATESIGNED  |  |  |
| By the SRAL DI Strate Di S |  | 2000   |                    | ATTENDING<br>PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN                   | 0 /7/5/30  |  |  |
| HOSPITAL inned by the FUNERAL bold be detrophed the Store of CRIANT:   | 228. PHYSICIAN'S NAME HIPE   | OR PRIMIT  | 22 e. A            | ADDRESS                |  |  |  |  |
| TO HOSPITAL OR A etoined by the hos TO FUNERAL DIRECTOR A should be detoched with the Stone detoched with the Stone Detoched whore TANI: if Irem.  | RAYMOND D. BA  | HR. M.D.   | W                  | TLKENS & PT            | NE HEIGHTS AV                                      | ZENUES. 21229  |  |  |
| 0 g 5 d 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8  | 230. BURIAL, CREMATION, REMOVA   |  | 3c. NAME OF CEMETE |                        | 23d. LOCATION<br>CITY OR TOWN                      | COUNTY STATE   |  |  |
| 258 BP   | BURIAL   | 10-18-80   | LOUDON P.          | ARK                    | BALTIMORE C  |  |  |  |
| DHMH - 16 50M 1/76   | 24. FUNERAL DIRECTOR   | ADDRES   | 212                | 29 250. DATE           | REC'D. BY REGISTRAR 256.                           |  |  |  |
| (VR A 15 (4) )   | HUBBARD FUNERAL  |  |                    | AVE. OC                | T171980 /  | The state of the s |  |  |



|  | 1,            | FOR<br>STATE  |   | DEPARTMENT  | TATE OF MARYLAND<br>OF HEALTH AND MENTAL HY | GIENE 8 0  | 24912  |
|--|---------------|---|---|---|---|--|--|
| · ·  | 1.            | REGISTRAR   |   | CEI   | RTIFICATE OF DEATH                          | REG. NO.   |  |
| - ALMAN  |               | CEASED NAME FIRST   |   | MIDDLE  | LAST  | 20. DATE OF DEATH                                | ONTH DAY YEAR 26 HOUR  |
|  |               | JAI   | 1ES                                       | THOMAS  | LEAN  | 1  | .0 11 80 M   |
| E  | 3. SE         | X   | 4. RACE                                   |   | ATE OF BIRTH                                | 6. AGE (IN YEARS LAST BIRTHD                     | MONTHS DAYS HOURS MIN  |
| ge 4   |               | MALE  | W   | HITE  | 4 5 98                                      |  | YRS.   |
| h. Po  |               | RTHPLACE (STATE OR FOREIGN OUNTRY)  | 76. CITIZEN OF                            | WHAT COUNTRY? 8   | RRIED NEVER MARRIED                         | 9 BALTIMORE CITY OR                              | COUNTY OF DEATH  |
| Jeath. Jeath. nin 72 h   |               | Maryland  | U.S.                                      | A. WID  | owed 🖫 🔻 divorced 🗆                         | BALTO  |  |
| os ofter or softer of soft | 110 C         | TOWSON  |   | HOSPITAL, NURSING HO<br>DOSEPH HOS                            | ME OR OTHER INSTITUTION SPITAL              | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V |  |
| MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill exolution must be for  | 13a           | AL RESIDENCE (IF NURSING HOSTATE 13b) C   | ME OR OTHER INSTITUTION OUNTY             | I, GIVE RESIDENCE BEFORE ADMIS<br>13c. CITY OR TOWN<br>TOWSON | 13d INSIDE CITY LIMITS? YES NO X            | 13e. STREET ADDRESS<br>204 E. JC                 | PPA RD.  |
| Within within within of 2 should 2 should be a should  | 14. F/        | THER'S NAME   | MIDDLE                                    | _LAST   | 15 MOTHER'S MAIDEN N.                       |  |  |
| * 0 -  | 1             | James   | MIDDLE<br>T.                              | Lean  | Nellie                                      |  | Jones  |
| BALTIMORE, MA<br>cote be executed appers. Pages 1 on vol.  | 160. \        | VAS DECEASED EVER IN U.S.   | S. ARMED FORCES?<br>S. GIVE WAR OR DATES) | 705-03-386  |   | . MacWherter,                                    | Edina, Minn.   |
| of W. PRESTON ST., BAL<br>that the death certificate<br>by the attending physici<br>gose remotion, or removal.<br>or cermation, or removal.  |               | 18 CAUSE OF DEATH LENT PART I. DEATH WAS CAUMAN CONDITIONS, if any, which gove rise to immediate couse (a), stating the underlying cause lass | DUE TO, C                                 | Acure 1   | cleratec Itemas                             | Inforction. Disense                              | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  1 CS S I HALL I As |
| 200 res  | CERTIFICATION | PART 2. OTHER SIGNIFICA   |   |   | BUT NOT RELATED TO THE TER                  |  | TION GIVEN IN PART 1(o)  |
| L REC  | FIG           | 198 DATE OF OPERATION   | 178 COND                                  | ITTON FOR WHICH OPER  | ATION WAS PERFORMED                         | YES NO   | IN CERTIFYING CAUSES OF DEATH?                                   |
| JF VITAL RE IAN: The Ic physicion. Ifficate has I-transit per all Hygiene I H 8 shaws.   |               | 210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE   | DE DEATH HOUR A                           | M. MONTH DAY Y  | EAR   | RRED (ENTER NATURE OF INJURY I                   |  |
| DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir  ther this certificate has been sig os the buriol-transit permit. Ther on Americal Hygiene prior to be acked on them 18 shows any injur   | MEDICAL       | (IF EITHER, NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  | 21e. PLACE                                | .M.<br>OF INJURY<br>REET, FACTORY, OFFICE, FARM, ET           | 21f. LOCATION<br>STREET                     | CITY OR TOWN                                     | COUNTY STATE   |
| NTTENDI<br>spitol or<br>CTOR: A<br>for use<br>of Heal  |               | 22a.1 certify that (I) (this sow the deceased alive obove, (I) (we) (did) (d  | re on 10 -                                | ne deceased from 19 80  | _, and that in (my) (***) opinion           | to, to adepth occurred on the dote               | , 19, that (I) (we) last<br>and hour and from the causes stated  |
| by the hair OR A By the hair OR ERAL DIRECT OF State Dept. State Dept. If Item   | d Q           | Century C   | 10  |   | MO ATTENDING PHYSICIAN                      | MEDICAL STAFF                                    | 22c. DATE SIGNED 10-11-80  |
| HOSs<br>sined<br>FUN<br>PORT   |               | ANTHONY A   | 1   | o wski  | 300E Jup                                    | pn Ra Ton  | 150N md. 21204   |
| 0 # 5 # 3 <del>1</del>   | 23a. j        | BURIAL, CREMATION, REMO   | OVAL 236. DATE                            |   | OF CEMETERY OR CREMATORY                    |  | COUNTY STATE   |
| 4407 BP  | 1             | Burial  | 10-1                                      |   |   | Gardens Cocke                                    | eysville, Balto. Md.   |
| DHMH - 16 50M 1/76<br>(VR A 15 (4))  |               | UNERAL DIRECTOR  NAME  TOWSON Fun   | eral Home                                 | ADDRESS 105   | 0 York Rd. 250. DA<br>n, Md. 212040 C       |  | the pay houry  |



|   |               | Item 30 8249 .   |   |                               | E OF MARYLAND                          | 12 13                                    | 0                                       | 4 0 1 7                                |
|---|---------------|--|---|-------------------------------|--|--|---|--|
| 1   | 1.            | FOR<br>STATE<br>REGISTRAR  | TINE.   |                               | EALTH AND MENTAL HYG<br>ICATE OF DEATH | IENE 8 U                                 | 2. 4<br>o.                              | 4 7 1 3                                |
| a (1)   |               | CEASED NAME FIRST OR PRINT!  | MIDDLE  |                               | AST                                    | 2R. DATE OF DEATH                        | MONTH DAY                               | YEAR 26. HOUR 80 645 PM                |
| ge 4 may  | 3 SE          |  | White   | S DATE C                      |  | 6 AGE (IN YEARS LAST BIRT                | HDAY) #FUP                              | NOER 1 YEAR IF UNDER 24 HRS            |
| death. Pa   | C             | RTHPLACE (STATE OR FOREIGN DUNTRY)   | 76 CITIZEN OF WHAT CO                                 | UNTRY?                        | NEVER MARRIED                          | BALTIMORE CITY OF                        | R COUNTY OF                             | DEATH ROZENTY MO                       |
| ov me fundition of worman   |               | TOUSON   | 11. NAME OF HOSPITAL                                  | , NURSING HOME C              |  | 12R USUAL OCCUPATION OF WORK FOR MOST OF | ON 1<br>F WORKING LIFE)                 | 7h KIND OF BUSINESS OR NOUSTRY DRUGS   |
| in 24 hou   | USU.<br>130 S | AL RESIDENCE (IF HURENS HOME OF  | NTY 13c CITY  | OR TOWN                       | 13d. INSIDE CITY LIMITS?               | 13. STREET ADDRESS                       | 6403 APO                                | LLO DR., APT                           |
| npletely nd 2 sho   | 14. FA        | THER'S NAME  |   | LAST<br>EVIN                  | IS MOTHER'S MAIDEN NAME FANNIE         |  |   | PSCHÎTZ                                |
| be execu  |               | VAS DECEASED EVER IN U.S. AR   | MED FORCES? 166 SOC                                   | 1AL SECURITY NO.<br>2-09-0464 |  | DR., APT. (                              | RIEDMAN                                 |  |
| ertificate<br>physicia<br>papers. I<br>emoval.  |               | II CAUSE OF DEATH (Enter or<br>PART I. DEATH WAS CAUSE   | nly one couse per line for to<br>D BY<br>TE CAUSE (o) | befre (                       | in repene                              | Furt                                     |   | BETWEEN ONSET AND DEATH                |
| e death ( attending ve carbor tion, or t  |               | 2506<br>Conditions, if any, which  | DUE TO, ORASACO                                       | ONSEQUENCE OF                 | sacular =                              | To suffice                               | 2n                                      | Yuc                                    |
| es that the day the ase remo  |               | gave rise to immediate couse 101, stating the underlying couse lost.   | DUE TO, OR AS ASS                                     | ONSEQUENCE OF                 | s mellite                              | 10                                       |   | yns                                    |
| w requirements signed. Then please or to buring any injury                            | NQ            | PART 2 OTHER SIGNIFICANT O   | 1 Dale  | 0 1                           | 0                                      | INAL DISEASE OR CON                      | DITION GIVEN I                          | N PART 1(0)                            |
| n. n. ate has be to permit. giene price   | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR                                     | WHICH OPERATIO                | N WAS PERFORMED                        | 200 AUTOPSY?                             | 20b. IF YES, WI<br>IN CERTIFYING<br>YES | RE FINDINGS USED G CAUSES OF DEATH? NO |
| HYSICIAN physician. is certificat ial-transit plental Hygi or Item 18                 |               | 210. ACCIDENT WAS UP OF OR CONTRIBUTING OF CONTRIBUTING OF OR CONTRIBUTING OF OR OTHER OTHER OR OTHER OTHER OTHER OTHER OTHER OTHER OTHER O | 21b. TIME OF INJURY<br>HOUR A.M. MOI<br>P.M.          | DAY YEAR                      | 21c HOW INJURY OCCURE                  | RED (ENTER NATURE OF INJUI               | LY IN ITEM 18, PART 1                   | OR PART 2)                             |
| After this the buring a marked o  | MEDICAL       | 216. INJURY OCCURRED WHILE AT WORK   | 21R PLACE OF INJUR<br>(AT HOME, STREET, FACTOR        | ADFFICE, FARIA TC)            | 211 LOCATION STREET                    | CITY OR TOV                              | VN (                                    | OUNTY STATE                            |
| ATTENII or at ital or at ital or at or at or use as of Healt m 21 is                  | 3/            | 220.1 certify that (I) (this hospi<br>sow the deceased alive an<br>above (D)(we) (did) (aid no   | actoben 2   | 9 19 572 0                    | nd that in my tour opinion             | to OCAOKe                                |   |  |
| TAL OR A<br>the hospi<br>AL DIRE<br>trached for<br>the Dept.                          |               | Como N   | Bonuler 11  |                               | DEGREE<br>ATTENDING<br>PHYSICIAN       | MEDICAL STA                              | FF CIAN C                               | 221. DATE SIGNED                       |
| TO HOSPITAL retained by the TO FUNERAL should be detected with the State I IMPORTANT: |               | A / LO NSO   | H JANOS   | Kino                          | 22R ADDRESS 2412 W Rock                | rus Are Ba                               | Hinne                                   | 1021209                                |
| BP  |               | BURIAL CREMATION, REMOVAL  | 23b. DATE<br>OCT.31,198                               | 0 CHIZU                       | EMETERY OR CREMATORY K AMUNO           | 236 LOCATION<br>CITY BALTI               | MORE COU                                | MARYLAND                               |
| DHMH-16 25M<br>(VRA 15, 4) 1/79   |               | UNERAL DIRECTOR SOL L.  NAME  110 REISTERSTOW  | AD  | DDRESS                        | 1215 NO                                | REC'D. BY REGISTRAR                      | 256 RESETRAR                            | 'S SIC NATURE                          |

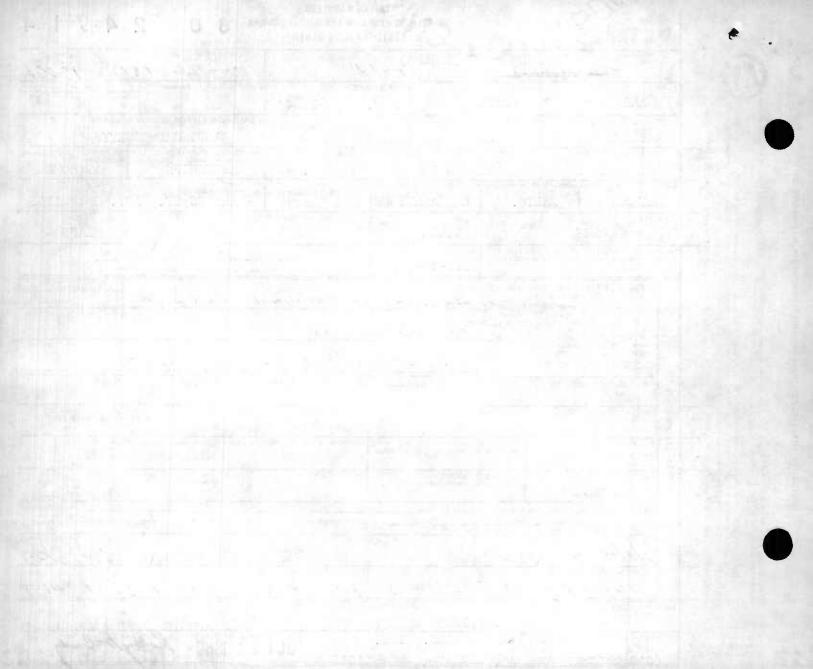


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(VRA 15, 4) 1/79

6010 REISTERSTOWN RD



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH 26 HOUR 1. DECEASED NAME (TYPE OR PRINT) 10-24-80 MARY CATHERINE LOMBARD I :30 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1923 White Female March To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Balto. Maryland BALTIMORE COUNTY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR PEOF WORK FOR MOST OF WORKING LIF GREATER BALTIMORE MED. CENTE TOWSON Accounting Baltimore Owings Mills 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland 123 Cedarmere Road NO 120 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Paul MIDDLE Kraft Kathryn Smith Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 123 Cedarmere Road Owings Mills, Md. (IF YES, GIVE WAR OR DATES) Mr. Americus Lombardi 216-14-7941 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY ARTERIOCLEROTIC CARIOVASCULAR DISEASE DUE TO, OR AS A CONSEQUENCES MELLITUS Conditions, if ony, which gove rise to immediate couse (a), stating the PUETO, OR PNEUMONIA -POSSIBLE PULMONARY EMBOLUS underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO T YES [ 71a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the decay at from 80 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSIC IAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS FUNE old be DR. LAWRENCE VIDAVER 23g. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 73d. LOCATION Pikesville Baltimore Maryland Entombment 10/27/80 Druid Ridge Mausoleum DHMH-16 30M 2/80 Owings Mills, Md.

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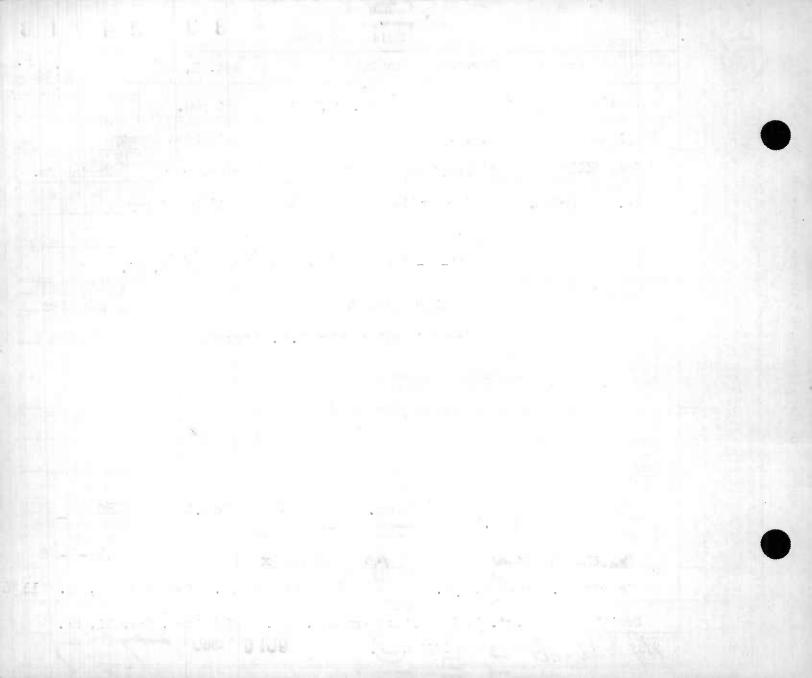
(VRA 15, 4) 1/79

Anatomy Board

| 8 D 2 4 V 1 V    |                  |             |                |
|------------------|------------------|-------------|----------------|
|                  |                  | ndinf       | e Intro T      |
| Felts, County    |                  |             | Pa.            |
| Foruse Life      | itr eneral Ross. | balto. Coun | Erndall Atonra |
| 100 Clays Lane   | Total most       |             | The state of   |
| not in Son       | Visit 1001       | 1963        | n frenati      |
|                  | 30-2-90          |             | 0.1            |
|                  |                  |             |                |
| 1 4 1980 12 1980 | .to., .wi. 00T   |             | biso vinosinas |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 2. DATE OF DEATH MONTH Loving Esther Florence Oct. 1, 1980 (TYPE OR PRINT) 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Aug. 29.1893 MONTHS DAYS Female White 87 yrs. Pa. BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

14 Morrisway (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Owings Mills Secretery Moving Co. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Balto. 13a STATE Mings Mills 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. 14 Morrisway YES [ NO P 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE O FIRST LAST Gallaway 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 14 Morr PSWay 212-22-9390 Doris Jones Owings Mills, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and ic), it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrest minutes DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which Arteriosclerotic C.V.Disease vears gove rise to immediate lol, stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 5 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE A 110 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive on Sent. 211 above, (1) (we) (did) (did not) view the body after death 80, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED 10-2-80 ATTENDING MEDICAL STAFF PHYSICIAN TO DIRECTOR PHYSICIAN Should be defi-with the State 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22a ADDRESS 59 Hanover Rd.Reisterstown, Md. 21136 Martin E.Strobel, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Oct. 3, 1980 Evergrenn Mem. Gar. Finksburg, Carrell, Md. BP. DHMH-16 20M Owings Mils, Md. (VRA 15, 4) 7/78



director, hours afte

mpletely filled in by the funeral and 2 should be filed within 72

Pages .

death. Page

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR  |   | CERTIF     | ICATE OF DEATH                     | REG. NO                        | o             |                 | 4                                       | 452       |
|--|---|------------|------------------------------------|--------------------------------|---------------|-----------------|---|-----------|
| 1. DECEASED NAME FIRST   | WIDDLE  | L          | AST                                | 2a. DATE OF DEATH              | HTHOM         | DAY YEA         | 2b. HC                                  | UR        |
| (TYPEORPRINT) Rose   | Anna  | 1          | Lubinski                           | October                        | 30.           | 1980            | 10                                      | AM        |
| 3. SEX   | RACE  | 5. DATE C  |                                    | 6. AGE (IN YEARS LAST BIRTI    | HDAY)         | MONTHS D        | EAR IF UND                              | ER 24 HRS |
| Female   | Caucasian   | MONTH<br>9 | 1 1890                             | 90                             | YRS.          |                 |   | MIN       |
|  | LOUNTRY?  | 8          | D NEVER MARRIED                    | 9 BALTIMORE CITY O             | R COUNT       | Y OF DEATH      | 1                                       |           |
| Balto. Md.   | U.S.A.  | WIDOWE     |                                    | Baltimore                      | 1             |                 |   | MD.       |
| 10. CITY OR TOWN OF DEATH  | NAME OF HOSPITAL, NURSIN  HE NOT IN SUCH FACILITY, GIVE STREET  |            | OR OTHER INSTITUTION               | 120 USUAL OCCUPATION           |               |                 | ID OF BUSIN                             | NESS OR   |
| Balto. Co.   | 918 Grove Av  | enue       |                                    | homen                          | lake:         | r               | home                                    |           |
| USUAL RESIDENCE (IF NURSING HOME ORG<br>130. STATE 136 COUNT<br>Md. Balt | 13c. CITY OR TOW  |            | 13d. INSIDE CITY LIMITS? YES NO XX | 13e STREET ADDRESS<br>918 Grov | re A          | ve.             |   |           |
| 14. FATHER'S NAME  | IDDLE LAST  | 4411       | 15. MOTHER'S MAIDEN NAM            | ME                             |               |                 | LAST                                    |           |
| Henry  | Jawo  | rski       | unk                                | ABBBB                          |               |                 |   |           |
| 160 WAS DECEASED EVER IN U.S. ARA  | MED FORCES? 166 SOCIAL SECU   | JRITY NO.  | 17 INFORMANT                       | ADDRE                          |               |                 | 21                                      | 222       |
| no   |   |            | Mr. Peter                          | T. Lubinsl                     | ci.           |                 | roge                                    |           |
|  | y one couse per line for (a), (b), on BY: CAUSE (a) Arteriosc  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE | lerot      | ic heart dise                      | ase                            |               |                 | PROXIMATE IN<br>FEEN ONSET ALL<br>YEARS | ND DEATH  |
| PART 2 OTHER SIGNIFICANT C   | ONDITIONS CONTRIBUTING TO   | DEATH BUT  | NOT RELATED TO THE TERM            | INAL DISEASE OR CONF           | DITION G      | IVEN IN PAR     | T I(a)                                  |           |
|  |   |            |                                    |                                |               |                 |   |           |
| 118 - DATE OF OPERATION  | 1% CONDITION FOR WHICH  | OPERATIO   | N WAS PERFORMED                    | 29s AUTOPSY?                   |               | ES, WERE FIR    |   |           |
| #  |   |            |                                    | YES NO NO                      | 71.2.0009101  | YES 🗌           | NO                                      |           |
| PREPAREMENTALS ELECAPSE OF DEAT  | HOUR A.M. MONTH D   | AY YEAR    | 21s. HOW INJURY OCCUR              | RED (ENTER HATURE OF BHATE     | IV IV ITEM TO | L PART I OR PAR | (2)                                     |           |
| JE ETHER MOTEY MEDICAL EXAMINER)  214 INJURY OCCURRED  WHILE AT WORK     | 21¢ PLACE OF INJURY<br>(AT HOME STREET, FACTORY OFFICE.   |            | 2H. LOCATION<br>STREET             | CITY OR TOW                    | ne.           | COUNTY          |   | STATE     |
| 22s-I certify that (I) (this hospit                                      | all attended the deceased from  | 80         | 08 19.76                           |                                |               | 19.80           |   | (we) lost |

DHMH - 16 25M

O FUNERAL DIRECTOR

ould be detached of the State Dept

MPORTANT, # IN

IVE A 15 (4) 1 9/74

13h. DATE

Barry J. Weckesser, M.D.

73s NAME OF CEMETERY OR CREMATORY

17s ADDRESS

DEGREE

THE LOCATION

STATE COUNTY

21202

TIL DATE SIGNED

74 FUNERAL DIRECTOR

234 BURIAL CREMATION, REMOVAL

224 SHENATURE

NOV 3 1980

301 St. Paul Place, Balto., MD

ATTENDING MEDICAL STAFF



Turrioscie oute least viscare

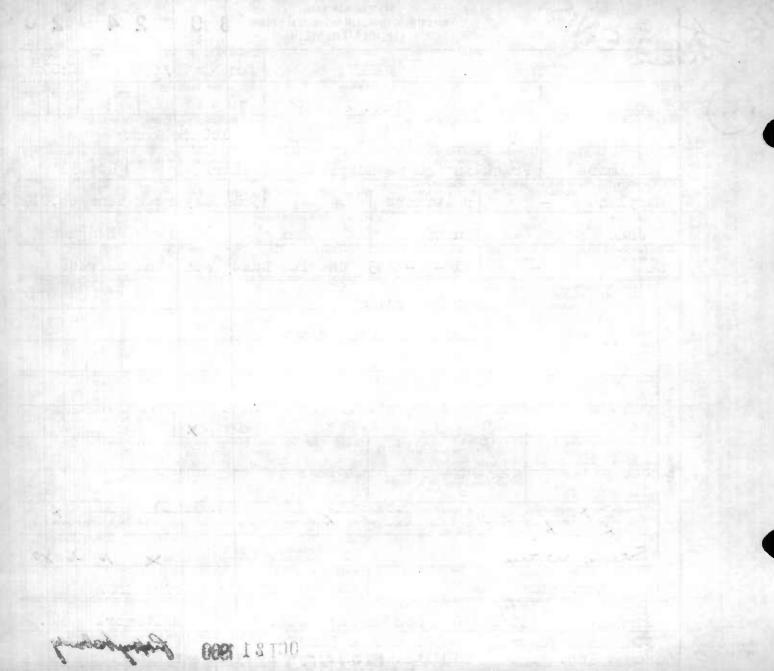
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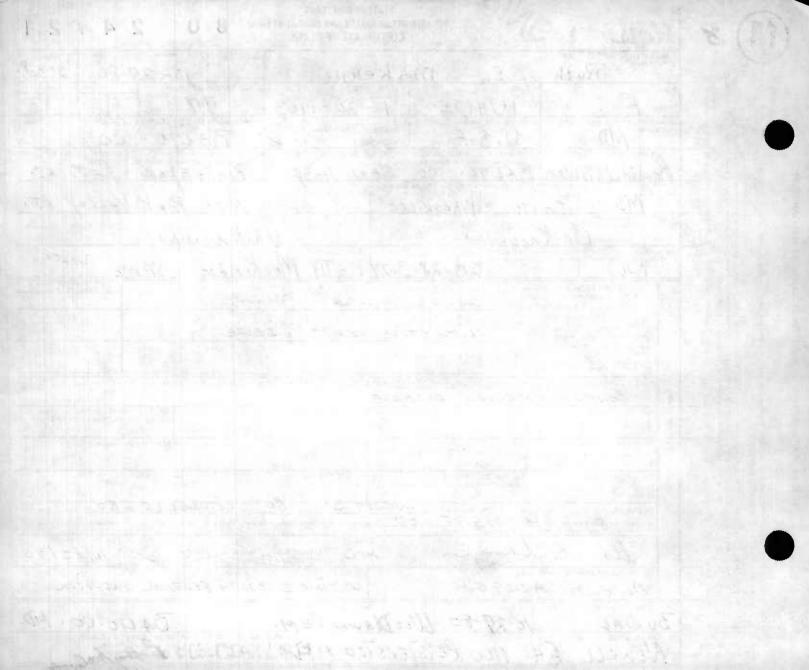
701 St. Parl ID cc, Dalto., ID 21201

MAN THE TANK

Barry J. Mechaniser, M.L.



| (aa)  | -  |               | FOR   | DEPARTMENT OF HEALTH AND MENTAL HYG  | IENE R A   | 1001  |
|---|--|---------------|---|--|--|---|
| M   | 3  |               | REGISTRAR   | CERTIFICATE OF DEATH   | REG. NO.   | 4 7 2 1   |
|   |  |               | CEASED NAME FRST  | MIDDLE LAST  | 2a. DATE OF DEATH MONTH                                      | DAY YEAR 26. HOUR                               |
| lay be  | dath   | 40            | Ruth  | E. Mackengie   | 10-2   | 5-80 2:30 m                                     |
| may b   | p -  | 3 SE          |   | 4 RACE S DATE OF BIRTH   | 6. AGE (IN YEARS LAST BIRTHDAY)                              | IF UNDER 1 YEAR IF UNDER 24 HRS                 |
| Page 4  | once.  |               | +   | WHITE 1-20-1903  | 77 YRS.  | MONTHS DAYS HOURS MIN                           |
| at di   | hou  |               | RTHPLACE (STATE OR FOREIGN DUNTRY)                      | 76 CITIZEN OF WHAT COUNTRY?  | BALTIMORE CITY OR COUNT                                      | Y OF DEATH                                      |
| de de   | 2 \$5  |               | 147.  | U.S.H. WIDOWED DNORCED &   | DALTO.   | CO MD.  |
| afte<br>the f   | vith<br>o                                    | 10 C          | JY OR TOWN OF DEATH                                     | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)   | 126. USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WORKING L | 12h KIND OF BUSINESS OR INDUSTRY                |
| ours<br>1 by 1  | ust b  | 1             | - DAUSTOWN  | BALTO. CO. GEN. HOSP.  | BOOKEEDER  | RETILED   |
| nin 24 ho   | uld be t                                     | 13a S         | AL RESIDENCE (IF NURSING HOME OR<br>TATE 13b COUN       | OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  TY 134. CITY OR TOWN 134. INSIDE CITY LIMITS?  LTO   PKESVILLE YES   NO   NO   NO   NO   NO   NO   NO   N | 13R. STREET ADDRESS  | VALLEY CT.                                      |
| with with   | shor   | 14. F/        | THER'S NAME   | 15. MOTHER'S MAIDEN NA   |  |   |
| uted  | の題の  |               | UNK   | NOWN LAST FIRST U  | NKNOWN   | LAST  |
| exec<br>d co  | e de de                                      |               | VAS DECEASED EVER IN U.S. AR                            | MAR OR DAYES   | ADDRESS  | 21208   |
| e be  | Pages<br>t, the                              | L.            | 100   | 213-28-3027 BETTY MAG  | KENZIE SA  | ME 420  |
| ificate be executed within 24 hour lysician and completely filled in by | oval.  | 3             |   | y one cause per line for (a), (b), and (c), (  | 4  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| : 2 6   | rem<br>rem                                   |               | IMMEDIAT  | ECAUSE (0) CARDIONESPINATORY FAIL  | LURE   |   |
| quires that the death ce  | aum<br>aum                                   |               | 4381  | DUE TO, OR AS A CONSEQUENCE OF   |  |   |
| ne de   | ation<br>er tr                               |               | Conditions, if ony, which                               | ( 16) CONDESTIVE HEART DIS   | Ease   |   |
| at the  | remo   |               | gove rise to immediate couse (a), stating the           | DUE TO, OR AS A CONSEQUENCE OF   |  |   |
| es th   | ase rale all of y, or                        |               | underlying couse lost                                   | (c)  |  |   |
| quir  | n pleas<br>burial<br>injury,                 |               | PART 2 OTHER SIGNIFICANT C                              | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM  | INAL DISEASE OR CONDITION GI                                 | VEN IN PART 101                                 |
| w re  | Then<br>or to<br>any i                       | 0             | CEREBIO   | PASCULAR DISEASE   |  |   |
| IDING PHYSICIAN: The law rec<br>strending physician.                    | pri<br>ws                                    | CAT           | 190 DATE OF OPERATION                                   | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED  | 20e AUTOPSY? 20b. IF YE                                      | S, WERE FINDINGS USED FYING CAUSES OF DEATH?    |
| Y: T  | Mental Hygiene d or Item 18 sho              | TIE           |   |  |  | ES NO   |
| PHYSICIAN ng physician.   | Hygir<br>m 18                                | CERTIFICATION | 210. ACCIDENT WAS UNDERLYING                            | 110110 4 11 11011711 - 11011   | ED (ENTER NATURE OF INJURY IN ITEM 18,                       | PART I OR PART 2)                               |
| HYSICI<br>physic<br>is certif   | lental H<br>or Item                          | ₹             | OR CONTRIBUTING CAUSE OF DEA                            | P.M. 19  |  |   |
| PH ing b  | d Me   | MEDICAL       | 21d INJURY OCCURRED                                     | 216 PLACE OF INJURY 211 LOCATION   |  |   |
| DING  | th and M                                     | ¥             | WHILE NOT WHILE AT WORK                                 | (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET  | CITY OR TOWN   | COUNTY STATE                                    |
| or at   | lealt<br>is r                                |               | 22a.1 certify that (1) (this hospit                     | ol) oftended the deceosed from AUGUET 31 19 80   | , to OCTUBER 25  | 19 80 , that (I) (we) lost                      |
| ATT<br>ital o   | of 1   |               | sow the deceased alive on obove, (I) (we) (did) (did no | OCTOBER 25 19 80 and that in (my) (our) opinion of   | death accurred on the date and ha                            | ur and from the causes stated                   |
| HOSON POSE  | Dept.  |               | 226. SIGNATURE  | DEGREE   |  | 22c. DATE SIGNED                                |
| TAL OR A the hospit   | tach<br>te Do<br>T: II                       |               | Unute   | Congres MD ATTENDING PHYSICIAN [   | MEDICAL STAFF  | 10/25/80  |
|   | Sta  |               | 228. PHYSICIAN'S NAME (TYPE O                           |  | DIVECTOR THISICIAN E   |   |
| TO HOSPIT<br>etained by<br>TO FUNER                                     | should be detact with the State C IMPORTANT: |               | ALGENTO F   | PREEDI RALTIMORE C   | DINTY GENERAL  | HOSPITAL  |
|   |  |               |   |  |  |   |
| To reta   | with IMPO                                    |               | URIAL, CREMATION, REMOVAL                               | 236. DATE 23c. NAME OF CEMETERY OR CREMATORY   | 23d. LOCATION  |   |
| 123BP_  | with   |               | URIAL, CREMATION, REMOVAL                               | 1236. DATE 236. NAME OF CEMETERY OR CREMATORY 10-20-80 WOODLAWN CEM.   | 23d LOCATION CITY OR TOWN BOA                                | COUNTY CO STATE D.                              |
| 123 BP_   | 1-16 25M                                     | 3             |   | 10-27-80 WOODLAWN CEM.   | 23d. LOCATION CITY OR TOWN  A RECO. BY REGISTRAR 236 HESS    | COUNTY STATE D.  TRAR'S SIGNATURE               |



|                    |           | STEE T     |           | 051 1  | e faster.  |
|--------------------|-----------|------------|-----------|--------|------------|
|                    |           |            |           |        | l enne L   |
| at annual goal m   | s Cod Jos |            |           |        |            |
| . Districted to 8  |           |            | d I-fodos | ogTall | la the     |
|                    |           |            |           |        | 3_0dmo//** |
| all and the same I | on ma     | a Tive Jan |           |        |            |
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|                    |           |            |           |        |            |

| 3  | 1.            | FOR<br>- STATE<br>REGISTRAR  | DE   | PARTMENT OF                | E OF MARYLAND<br>IEALTH AND MENTAL HYG<br>ICATE OF DEATH | IENE 8 0  | 2 4 9  | 2 3   |
|--|---------------|--|--|----------------------------|--|---|--|---|
| y be<br>ge 3<br>deoth  |               | CEASED NAME FIRST ETH  | EL I.  | MANN                       | I ON   | 10-24-8   |  | 26. HOUR<br>5:30AM <sub>M</sub>                     |
| ge 4 moy be<br>ector, poge 3<br>ors ofter death  | 3 SE          | x<br>Female  | Nhite  | Sept                       | . 16°,1900 EAR   | 6. AGE (IN YEARS LAST BIR                                   | HUNDER I YEAR MONTHS DAYS  | R IF UNDER 24 HRS HOURS MIN.                        |
| nerol dir  |               | IRTHPLACE (STATE OR FOREIGN  | 7b. CITIZEN OF WHAT COU<br>USA                     | MARRIE<br>WIDOW            | D NEVER MARRIED DIVORCED                                 | 9. BALT IMO   | RE COUNTY  | MD.   |
| by the further of the | T             | OWSON  | GREATER BAL  | TO ME                      |  | 120 USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST O<br>Housewife |  | OF BUSINESS OR                                      |
| filled in rould be in round be | 13e.          | AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN  | OTHER INSTITUTION, GIVE RESIDENCE ITY 13c. CITY O  |                            | 13d INSIDE CITY LIMITS?                                  | 13e. STREET ADDRESS   | bons Avenue  |   |
| MARYL, ombletely ond 2 sh  | 14. F.        | ATHER'S NAME FIRST  John   | Meinert  | AST                        | 15 MOTHER'S MAIDEN NA/ FIRST  Laura                      | ME  | ENGLISH OF THE PARTY OF THE PAR | AST   |
| IMORE, on one execut   |               | WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE  | E WAR OR DATES                                     | NL SECURITY NO.<br>05-0583 | 17 INFORMANT  Mr. Thomas F.                              | ADDRE  Mannion 51   | SS Columbia  |   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours in other this certificate has been signed by the otherding physician and completely filled in by os the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled than the not Amental Hygiene prior to burial, cremotion, or removal.  orked or them 18 shows any injury, or other troumotic event, the medical economer must be proved or them.  | CERTIFICATION | Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C                | DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c) | NSEQUENCE OF               | HEMORRHAGE   |   |  | (0)   |
| VITAL RECON  N: The low re systicion.  cote hos beer cote hos beer Hygiene prior Hygiene prior Ris shows ony il  |               | 190. DATE OF OPERATION   | 19b. CONDITION FOR V                               | WHICH OPERATIO             | N WAS PERFORMED  | 200 AUTOPSY? YES NO   | 206. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES   | INGS USED<br>S OF DEATH?                            |
| DING PHYSICIAN: 1 DING PHYSICIAN: 1 or offending physic ete os the buriof-trons oith and Mental Hyg morked or Item 18 sh   | MEDICAL CER   | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE OT WHILE AT WORK |  | 19                         | 21f. LOCATION<br>STREET                                  | RED (ENTER NATURE OF INJUR                                  | NN COUNTY  | STATE   |
| R ATTENDIN hospitol or RECTOR: Aff   |               | 22a.1 certify that (1) (this hospit<br>saw the deceased alive an<br>above, (1) (we) (did) (did not<br>22b. SIGNATURE                       |  | . 17                       | od that in (my) (our) opinion of                         | , todeath occurred on the do                                |  | , that (I) (we) lost<br>e couses stated<br>E SIGNED |
| TO HOSPITAL Oretoined by the TO FUNERAL DI should be detoch with the Store De MAPORTANT: If h  |               | RDyl- 224 PHYSICIAN'S NAME (TYPEON DR.K.DYAL-  |  |                            | ATTENDING<br>PHYSICIAN [<br>22e. ADDRESS                 | MEDICAL STAF  |  | 124 160   |
| 134BP  | 23 a. I       | BURIAL, CREMATION, REMOVAL (SPECIEV) BURIAL  | 23b. DATE<br>Oct.27,1980                           |                            | EMETERY OR CREMATORY  Memorial                           | 23d LOCATION CITY OR TOWN Baltimor                          | e Md   | STATE   |
| DHMH-16'30M 2/80<br>(VRA 15, 4)  |               | uneral director<br>Leonard J. Ruck   | Inc. Baltimo                                       | ore, Mary                  |  | 2 7 1980  | 25b GISTRAR SHOW   | TURE.   |

HAGE: E C-12-01 In I HA TERRET TO A PROPERTY OF THE PARTY OF THE PAR The Western Designation Laboration of 10-24 00 10-10 00 10-24 F. J. L. John . 1, 67

STATE OF MARYLAND

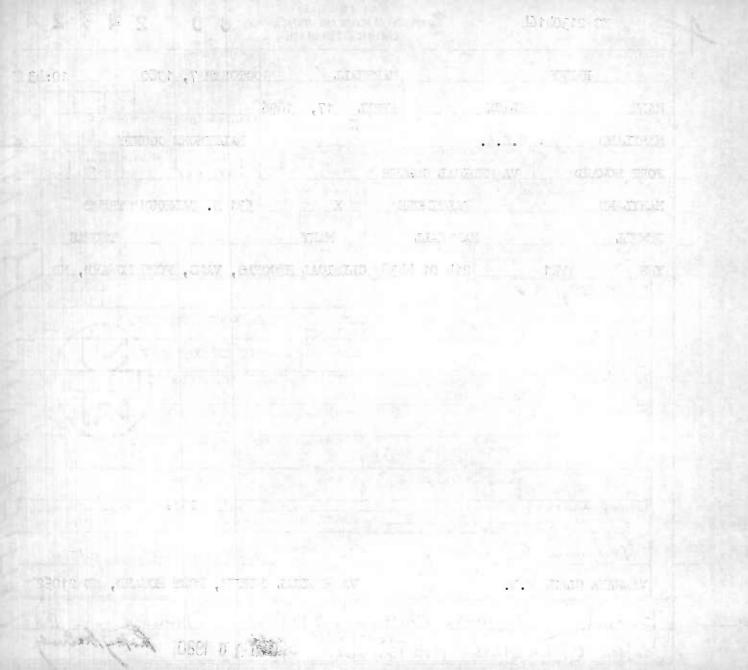
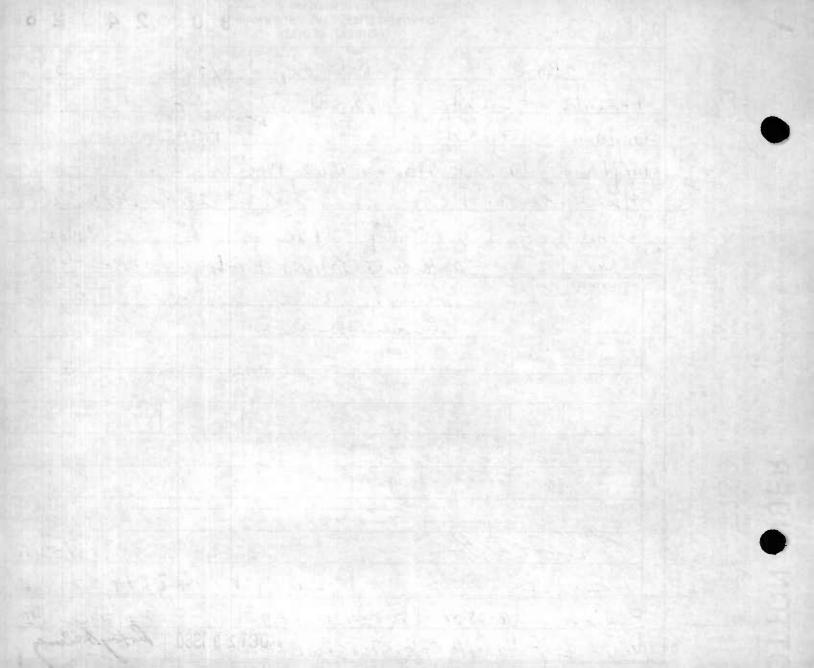


Table 1 to 3:2 miles .A.I.T ETL'eres.at issuestantal representant forther of the scale of filtersandana natura l'altre de l'estre de la company de la comp Magning . The Town Landster . W. Fres . AS T-11-5 . 59 Honglo Irlebna 200 Frankla Emara c., ..... Person Tarent Property Color of the Color of 

| 2-            |   | 1              |   |   | STATE OF MARYLAND                                  | 30 475                      | 0 1 0 0 1   |
|---------------|---|----------------|---|---|--|-----------------------------|---|
|               |   | 1 -            | FOR<br>STATE<br>REGISTRAR   |   | NT OF HEALTH AND MENTAL HY<br>CERTIFICATE OF DEATH | GIENE 8 U                   | 24420   |
|               | e   |                | CEASED NAME FIRST   | WIDDIE  | 11C. C   |                             | MONTH DAY YEAR 26 HOUR  |
|               | poge 3  | 3 SEX          | 1050  | 4 RACE  | S DATE OF BIRTH                                    | 6 AGE IN YEARS AST BIRTH    | HDAY) IF UNDER : YEAR IF UNDER 24 HRS                         |
|               | duserton  |                | Female  | white   | MONTH DAY YEAR 12 30 01                            | 78                          | MONTHS DAYS HOURS MIN   |
| •             | £ 32 8  | No. BI         | RTHPLACE (STATE OR FOREIGN DUNTRY)  | U.S.A   | MARRIED NEVER MARRIED                              | 3011                        | R COUNTY OF DEATH   |
| -             | s after decoy the fune  | 10 CI          | TY OR TOWN OF DEATH   | ME NOT IN SUCH FACILITY, GIVE STREET AD                           | 4./.   | 120 USUAL OCCUPATION        | ON 12b. KIND OF BUSINESS OR                                   |
| MARYLAND 2120 | filled in by aud be file  | JUSU/<br>13a S | 13h COUN  | OTHER INSTITUTION, GIVE RESIDENCE BEFORE A<br>TY 13t CITY OR TOWN | DMISSION) 13d INSIDE CITY LIMITS?                  | 130 STREET ADDRESS          | 1:15 Ex MiRD  |
| RYLAN         | tely 2 sho  | 14 FA          | THER'S NAME   | JOO.  | YES NO W   | AME MIDDLE                  | INCORD MILL   |
|               | omplet<br>ond   |                | John A  | 4 MCCur   | lay Maky   | ADDRE                       | Culled  |
| BALTIMORE,    | o execuin ond or Poges  |                |   | MED FORCES? 166 SOCIAL SECURI<br>WAR OR DATES) 220-46-07          | 17 HO. 17 MFORMANT 1                               | Ruthedge                    | SAME 21207  |
| 7             | physicio<br>npapers<br>maval.   |                | PART I. DEATH WAS CAUSED  | y one couse per line for 101, (b), and 10 BY CAUSE (a)            | & Canis  | with                        | BETWEEN ONSET AND DEATH                                       |
| TON ST        | death cert<br>offending<br>ave carba<br>frian, ar re<br>aumatic e                       |                | 1741  | DUE TO, OR AS A CONSEQUEN   | ICE OF JO  |                             |   |
| W. PRESTON    | by the ase remo   | 3              | Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUEN   | CE OF  |                             |   |
| 7DS, 201      | equires to signed. Then ple to buria  | NO.            | PART 2. OTHER SIGNIFICANT C   | ONDITIONS CONTRIBUTING TO DE                                      | ATH BUT NOT RELATED TO THE TER                     | MINAL DISEASE OR CONE       | DITION GIVEN IN PART 11a                                      |
| L RECORDS,    | in. has beer permit. ene prior was any i  | FICAT          | 190. DATE OF OPERATION  | 196 CONDITION FOR WHICH O   | PERATION WAS PERFORMED                             | 200 AUTOPSY?                | 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? |
| OF VITAL      | SICIAN: The physicion certificate invol-transit ental Hygie them 18 sha                 | AL CERTI       | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT                                    |   | YEAR   | RRED (ENTER NATURE OF INJUR |   |
| DIVISION OF   | NG PHYSICIA<br>attending p<br>witer this certific<br>os the buriotific<br>th and Mental | MEDIC          | (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE AT WORK AT WORK             | P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR | M, ETC.) 211 LOCATION<br>STREET                    | CITY OR TOW                 | N COUNTY STATE  |
| ٥             | R: Afte use os Health is mark   |                | 220.1 certify that (I) (this hospit   | ol) ottended the deceosed from                                    | , 19   | , to                        | , 19, that (I) (we) lost                                      |
|               | ATTE<br>ospite<br>ECTO<br>d for<br>it. of h   |                | sow the deceased alive an<br>above, (1) (we) (did) (did not                                   | view the body after death.  |  | n death accurred on the da  | te and hour and from the causes stated                        |
|               | Y the h<br>XAL DIR<br>defache<br>tote Dep   |                | 22b. SIGNATURE  | 52/6-   | DEGREE<br>ATTENDING<br>PHYSICIAN                   | MEDICAL STAF                |   |
|               | HOSPI<br>ined b<br>FUNE<br>old be<br>or the Si  |                | 22d. PHYSICIAN'S NAME (TYPE OR  | BOB   | 7220 Pa  | ent Hei                     | ht 21208  |
| 10-5          | BP  | 230 E          | URIAL, CREMATION, REMOVAL   | 23b. DATE 23c. NA<br>10-28-86 ST                                  | ME OF CEMETERY OR CREMATORY                        | 23d. LOCATION /             | BILL TO CO. MD.   |
| 702=          | HMH - 16 60M 1/75   | 24 Ft          | INERAL DIRECTOR   | 11 1/ ADDRESS   | - 1250 PY  | ATE PECID BY REGISTRAR      | Sh WESTEAR'S SUBJECTIVE                                       |
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(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

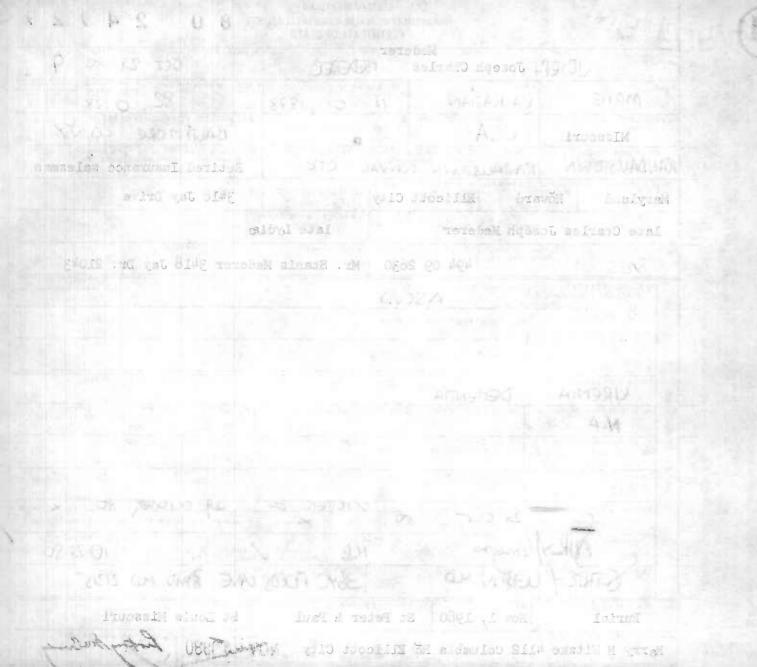
CERTIFICATE OF DEATH

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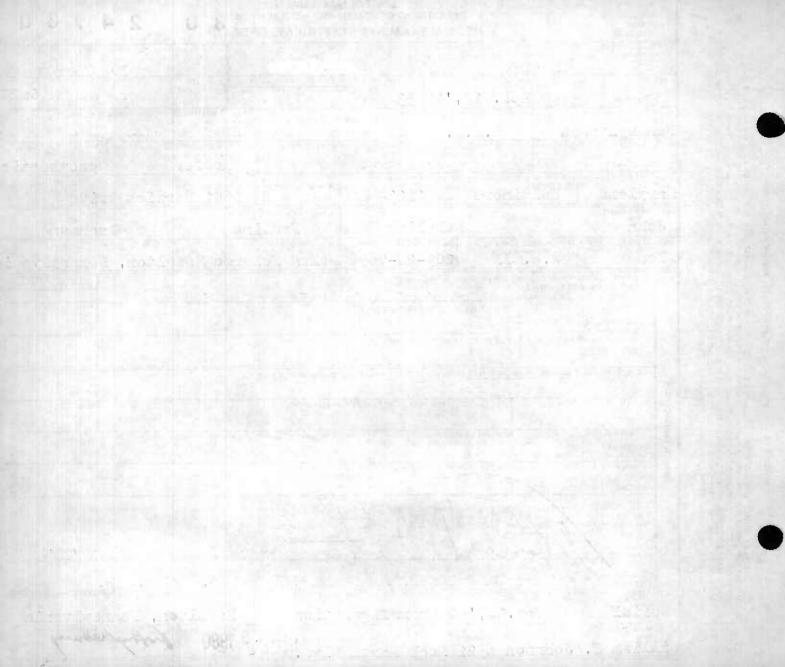
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| 20   | 1.             | FOR<br>STATE<br>REGISTRAR                                   |   | DE   | PARTMENT OF H            | E OF MARYLAND<br>LEALTH AND MENTAL HY<br>CICATE OF DEATH            | GIENE 8 0   | 2 4                                     | 9 2 8  |
|--|----------------|---|---|--|--------------------------|---|---|---|--|
| a (4VI)  |                | CEASED NAME<br>OR PRINT)                                    | JAMES   | MIDDLE   |                          | KENNA   | 10-30-80  | MONTH DAY                               | 26. HOUR<br>2:05PM                             |
| n. Page 4 may<br>ol director   | 3. SE<br>7a. 8 | JALE  |   | RACE  WHITE  CITIZEN OF WHAT COU                     | 5. DATE ( APR  NTRY? 8.  | DAY YEAR  | 6. AGE (IN YEARS LAST BIR<br>5 7<br>9. BALTIMORE CITY O           | YRS. MONTHS                             | DAYS HOURS MIN.                                |
| n by the funeral effled within 72.   | T              | IARYLA<br>ITY OR TOWN OF I                                  | (   | U.S.A.  I. NAME OF HOSPITAL, I                       | WIDOWE<br>NURSING HOME ( | DIVORCED  | BALTIMOF  12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF CHAUFFE | ON 12b. K                               | Y MD.  KIND OF BUSINESS OR  USTRY  LLI AMS CON |
| MARYLAND 2 ned within 24 he ond 2 should b exaginer must   | 13a :          | ATHER'S NAME FIRST  | BALT  | n. 1440  | ES<br>SI<br>ASC          | 136, INSIDE CITY LIMITS? YES NO | WE WIDDLE   | URCH L                                  | Ang<br>ALL                                     |
| be execution and co  |                | VAS DECEASED EV<br>YES, NO OR UNKNOWN)                      |   | VAR OR DATES)  | SECURITY NO.             | FAMILY  | RECUROS   | SS                                      |  |
| es that the death certifice hed by the attending phelose remove carbonaphorial, cremation, or remove, or or other troumotic events.  | NOI.           | Conditions, if o gove rise to couse (o), ste underlying con | ny, which immediate the lost.                       | DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)   | STATIC  SEQUENCE OF      | CARCINOMA C   |   |   | APPROXIMATE INTERVAL TWEEN ONSET AND DEATH     |
| TAL RECOI  | CERTIFICATION  | 190. DATE OF OPE  | RATION  | 196 CONDITION FOR V                                  | VHICH OPERATIO           | N WAS PERFORMED   | 200 AUTOPSY?  | 20b. IF YES, WERE<br>IN CERTIFYING CA   | FINDINGS USED<br>AUSES OF DEATH?               |
| DING PHYSICIAN: The low require or oftending physicion.  After this certificate hose sign se as the buriol-transit permit. Then oith and Mental Hygiene prior to be marked or them 18 shows any injury | MEDICAL CER    | AT WORK - AT  | CAUSE OF DEATH EDICAL EXAMINER)  JRRED  WHILE  WORK | P.M. 21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY. | DFFICE, FARM, ETC.)      | 211. HOW INJURY OCCUR   | RED (ENTER NATURE OF INJUI  | wn cou                                  |  |
| AL OR ATTEN<br>y the hospital<br>(AL DIRECTOR:<br>detoched for us<br>ofe Dept. of He<br>VI: If them 21 is  |                | obove, (1) (we<br>22b. SIGNATURE                            | (did) (did not)                                     | ottended the deceased view the body after death.     | . 01                     | nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [          | MEDICAL STAF  | ete and hour and Ira                    | DATE SIGNED 0-30-80                            |
| TO HOSPITAL reformed by t TO FUNERAL should be det with the Stote  |                | DR.S  |   |  |                          | CBMC 6701   |   | S ST. 2                                 | 1 204  |
| 000 BP   | 5              | SURIAL, CREMATIO<br>SPECIFY)<br>SURIAL<br>UNERAL DIRECTOR   |   | 236. DATE<br>11 - 3 - 1980                           | ST. JOH                  |   | 23d. LOCATION CITY OR TOWN 144025 TE REC'D. BY REGISTRAR          | BOLTO.                                  | STATE .  |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  | 2              | ANS FU  | ZRAL (  |  | DRESS                    |   | OV 5 1980   | Jan | - Charles                                      |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME 26. DATE KNOWN MONTH 7b. HOUR (TYPE OR PRINT) ESTI-TO THE FUNERAL DIRECTOR
1 PAGE 5 FOR YOUR FILES
BE FILED, WITHIN 72 HOURS
55, 201 W. PRESTON STREET, MEHALICK DEATH MATED Lawrence Raymond 27 19 80 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY 6:45P 53 DEAD White Apr. Male 7b. CITIZEN OF WHAT COUNTRY? 76. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. DIVORCED Baltimore County 10. CITY OR TOWN OF DEATH OR INDUSTRY FOR MOST OF WORKING LIFE)
Roofer Construction Parkville RETAIN P. Darrich Drive 1801 Darrick Drive 13d. INSIDE CITY LIMITS? Maryland Baltimore 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Mehalick Pauline Bachman 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS 168. WAS DECEASED EVER IN U.S. DIVISION Yes, NO, OR UNKNOWN) 209-20-7696 Helen Polermo Hazelton, Pennsylvania APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) IFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF DEPARTMENT OF PRIOR JO BURIAL, NO [ 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 226. I certify that I too Autaps# Inspection JNERAL DIRECTOR: DEATH, WITH THE MORE, MARYLAND, 2 death resulted from Hamicide Undetermined manner None of courses TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNED 10/28/80 Deputy ChiefMEDICAL EXAMINER TO FUNERA
AFTER DEAT
BALTIMORE, Thomas D. Smith, M.D. EXAMINER'S NAME 111 Penn St. Balto., MD. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 236. DATE Burial Oct.30, 80 Transfiguration Hazelton, Pennsylvania 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REC ISTRAR'S SIGNATURE **DHMH-17** A15 ME (5)) William E. Johnson 8521 Loch Raven Blvd 15M 7/76

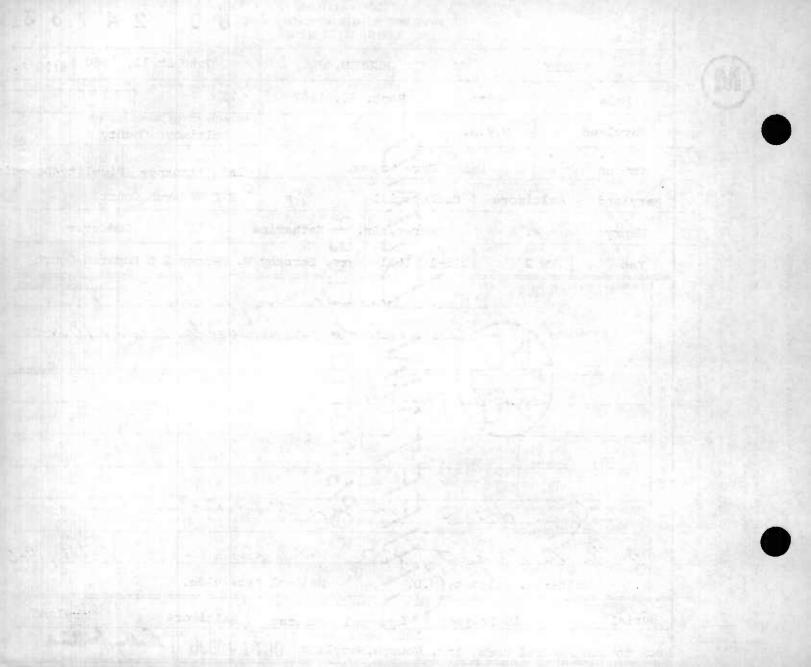


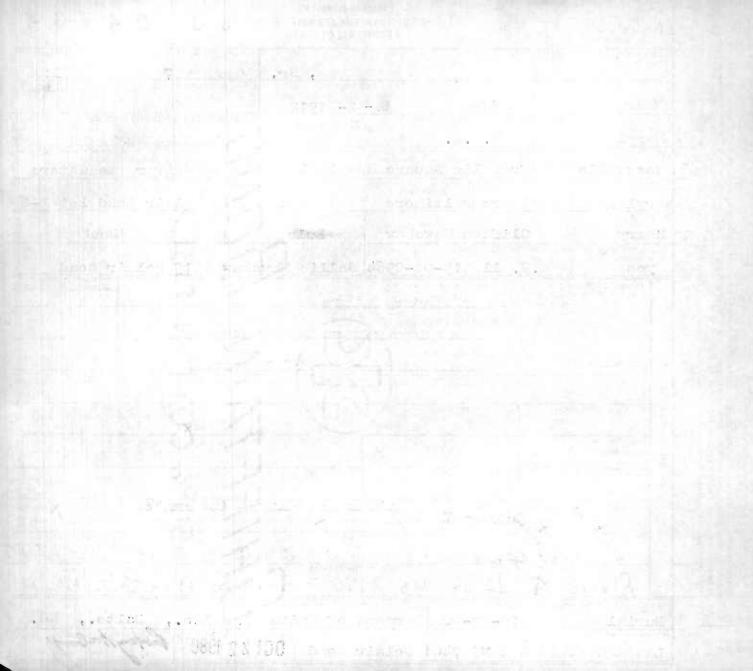
STATE OF MARYLAND

TOTAL TOTAL A C U. B AMERICAN STREET SCHI , I ESSENTE TELLS HALL STREET, S .A.S.U CHANSET SHE SHEAM DELECT. . . VENTER DELECTION OF THE SHEAR SH GAOH THOY GIO BIRF II BROHTTIAG Addi TOMM TENDER .. DEDG WHILE 218 11 9725 CHIMICAL PROCESS, VANO. FORT BORARD, FOR Sections of the contract of the section of the sect TI MHEOTSO eg/et/or r BARRA TROPE . I SEAS ON THORITAIN TON ALIENTE BUTYATE

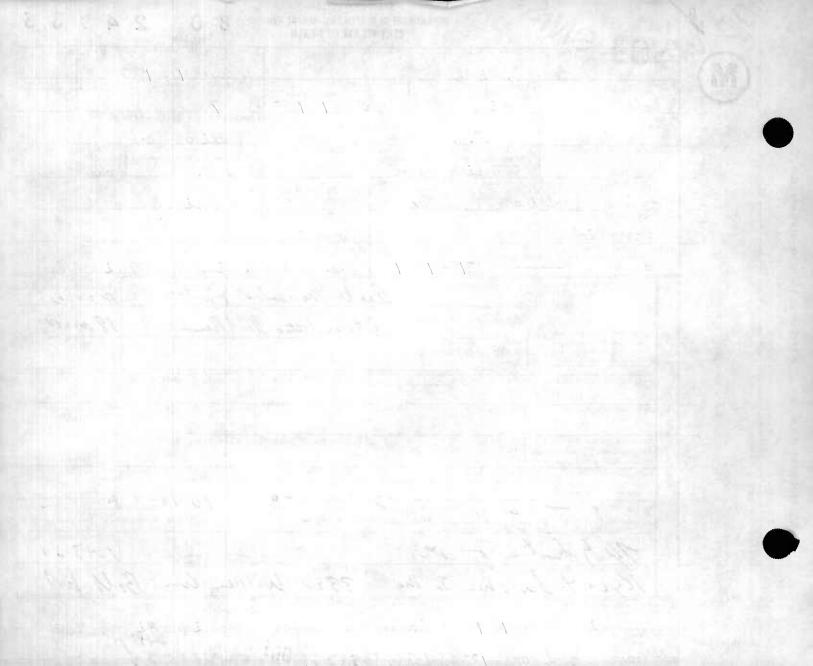
AND PRINCIPAL ST. 257 46 ...

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) October 11, 1980 HENRY W. MEURER, JR. 4:00 A 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Septith 23,041907EAR Male White 73 70. BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED coMaryland U.S.A. Baltimore County WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Manor Care Towson Towson Claim Attorney Fidelity&Deposit JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Baltimore 13e STREET ADDRESS Monarch Court Cockeysville Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME WIDDLE MIDDLE Katharine Dedderer Meurer, Sr. Henry ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Mrs. Dorothy W. Meurer 2 D Monarch Court 215-10-1631 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO OR AS A CONSEQUENCE O Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or frem (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) Ahis hospital) attended the deceased from. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove (1) we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME TYPE OF PRINTS 22e ADDRESS should be with the S Walter R. Welzant, M.D. Medical Arts Bldg. 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE Burial COUNTY Maryland Baltimore 10-14-1980 Immanuel Lutheran 25th DATE REC'D. BY REGISTRAR 25 24. FUNERAL DIRECTOR 1050 York Road DHMH-16 30M 2/80 Ruck Towson Funeral Home, Inc. Towson, Maryland (VRA 15, 4)

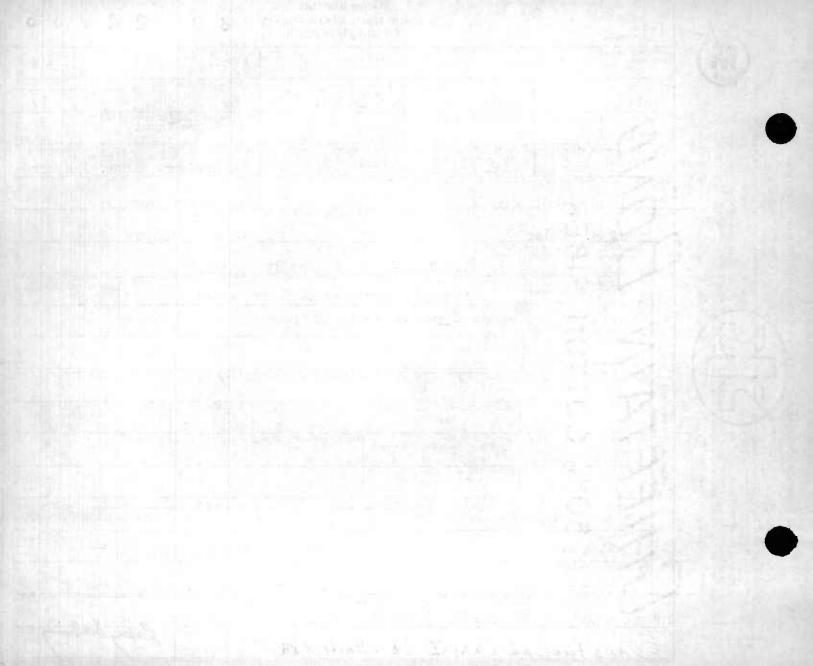




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST MONTH L DECEASED NAME 2a. DATE OF DEATH DAY YEAR 25 HOUR (TYPE OR PRINT) Ictobon IF UNDER 24 HRS S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX MONTH YEAR DAYS 1893 white male Ictoben Ta BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED Maryland DIVORCED | Baltimone Count IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Link Avenue Arbutus Gov'+ USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13a, STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Link Avenue Parulana Arbutun 5550 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST **EAST** Henry Michel MOHORA 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 20 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 0 CERTIFICATION 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ NO NO [] YES T 20 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE AT WORK AT WORK 22e.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aus) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED 226. SIGNATURE DEGREE STAFF ATTENDING MEDICAL TO FUNERAL should be detac with the State [ MPORTANT DIRECTOR PHYSICIAN PHYSICIAN 22s ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 23d. LOCATION 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE STATE CITY OF TOWN COUNTY (SPECIFY) 24 FUNERAL DIRECTOR **DHMH-16 25M** ADDRESS NAME (VRA 15, 4) 1/79



STATE OF MARYLAND



7922 Wise Avenue, Dundalk, MD



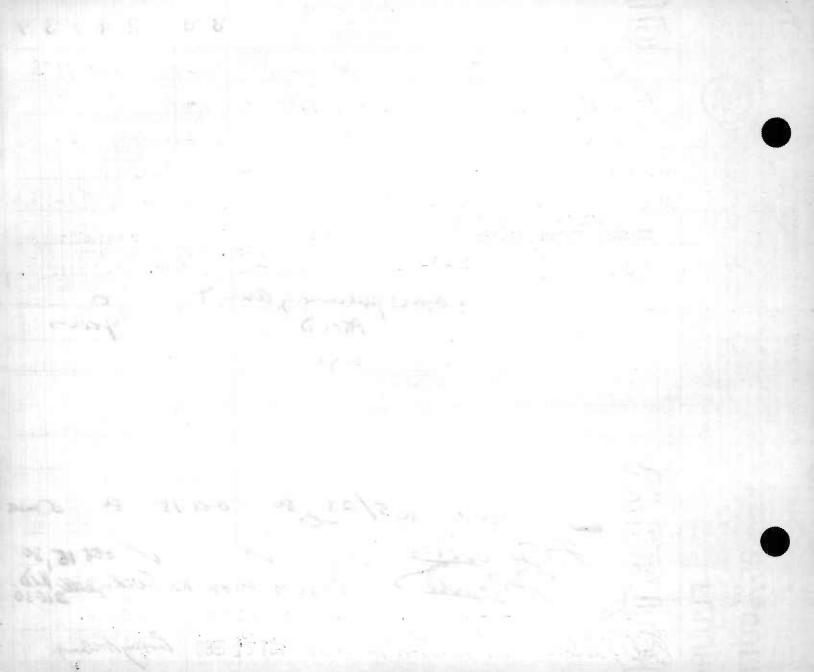
|  | -  |               | FOR                                      |            |                 | DED                  |                 | TE OF MAR    | YLAND<br>D MENTAL HYG | IEME A              | 0               | 2              | 1 0             | 7 0                              |
|--|----|---------------|--|------------|-----------------|----------------------|-----------------|--------------|-----------------------|---------------------|-----------------|----------------|-----------------|----------------------------------|
| 6  |    | 1-            | STATE<br>REGISTRAR                       |            |                 | DEF                  |                 | IFICATE O    |                       | JIENE O             | 0               | ha             | 4 7             | 0 0                              |
| _  |    |               | EASED NAME                               | FIRST      |                 | MIDDLE               |                 | LAST         |                       | 2a. DATE OF         | REG. NO         | AONTH D        | AY YEAR         | 2b. HOUR                         |
| å MA   | 4  | (TYPE         | OR PRINT)                                | rank       |                 | R.                   | M.              | lls          | In.                   |                     | 0.              | ct 11          | 80              |                                  |
| you like   | 1  | 3. SE)        |  |            | 4. RACE         |                      |                 | OF BIRTH     | 7.0                   | 6. AGE (IN Y        |                 |                | IF UNDER 1 YEAR | IF UNDER 24 HRS                  |
| de 4   |    |               | Male                                     | 37.1       | WA              | ite                  | MO              | ar 24        | 1927                  |                     | 59              | YRS.           | ONTHS DAYS      | HOURS MIN.                       |
| Poor Poor  | -  | To BII        | RTHPLACE (STATE OR FO                    | REIGN      | 76. CITIZEN OF  | WHAT COUN            | TRY? 8.         | IED DE NIEVE | R MARRIED             |                     | RE CITY OR      | COUNTY         |                 |                                  |
| of of the south.   | 5  |               | Maryland                                 |            | U.              | S.A.                 |                 | VED   NEVE   | DIVORCED [            |                     | Balti           | more (         | ounty           | MD.                              |
| by the fulfilled with  | 0  | 10 CI         | Baltimore                                | Н          | 11. NAME OF I   |                      | TREET ADDRESS)  | Avenu        |                       | 120 USUAL C         | OCCUPATIO       | N              | 12b. KIND O     | son Iran                         |
| 24 hour stilled in ould be must be   | 5  | 13a. S        | L RESIDENCE (IF NURSIN                   | 36 COUN    | TY              | 13c. CITY OR         |                 |              | E CITY LIMITS?        | 13e. STREETS        | outh 1          | Prospe         | ect Ave         | nue                              |
| rthin sthin 2 sh   | m  | 14. FA        | THER'S NAME                              |            |                 | 14000                |                 | 15. MOTHE    | R'S MAIDEN NA         | ME                  | Charle.         |                |                 |                                  |
| BALTIMORE, MARYLAND cate be executed within 24 vysicion and campletely fille apers. Pages 1 and 2 should avoil.  | 2  |               | FIRST Fre                                | ink '      | AIDDLE          | Mills                |                 |              | FIRST Nance           | 4                   | WIDDLE          | 9              | oole LAS        |                                  |
| ond co   | 1  |               | AS DECEASED EVER IN                      |            | MED FORCES?     |                      | SECURITY NO     | 17. INFOR    | MANT                  |                     | ADDRES          | -              | . 1             |                                  |
| be exe<br>on once<br>s. Page   | /  |               | es no or unknown)                        |            |                 | 219-0                | 3-4589          | Doro         | thy Mil               | a 4 30              | uth P           | rospec         |                 |                                  |
| BAL<br>cate<br>cate<br>apper<br>open<br>of the   |    |               | 18 CAUSE OF DEATH<br>PART I. DEATH WA    | (Enter and | y ane couse per | $\sim$               |                 | /            | 1.                    | 254                 | 1.1             |                | BETWEEN         | MATE INTERVAL<br>ONSET AND DEATH |
| ST.,   |    |               |  |            | E CAUSE (a)     | -AROY                | GENIC           | 5 h          | OCK                   |                     |                 |                |                 | _                                |
| TON<br>orth c<br>orth<br>or cord<br>in, or<br>motion   |    |               | 1889                                     |            | DUE TO, O       |                      | EQUENCE OF      | 110          | 17-                   |                     |                 |                |                 |                                  |
| e off<br>movement  | 91 |               | Conditions, if ony,                      | diote      | (p)             | seps                 | A A             | NO I         | Vnemi                 | 74                  |                 |                |                 |                                  |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  ING PHYSICIAN: The low requires that the death certificate has been signed by the attending paster this certificate has been signed by the attending paster this certificate has been signed by the attending paster this certificate has been signed by the attending paster that has corbonith and Mental Hygiene prior to burial, cremation, or removed an teem 18 shows any injury, or other troumatic events.  |    |               | cause (a), stating underlying cause      | last.      | DUE TO, O       | JIde/                | EQUENCE OF      | TACTA        | Tic CA                | ocialna             | NA OF           | Rlad           | Don-            |                                  |
| 201<br>res the   |    |               | PART 2. OTHER SIGNI                      | FICANTO    | ONDITIONS CO    |                      |                 |              | TEQ TO THE TERM       |                     |                 |                | N IN PART 1(c   | 2)                               |
| RDS,<br>equir<br>n sig<br>Ther<br>to b   |    | NO.           | INTEST                                   | INA        | obs             | TRUCT                | (00)            | CAC          | hexiA                 |                     |                 |                |                 |                                  |
| ew r<br>ow r<br>bee  | 5  | CERTIFICATION | 190. DATE OF OPERATION                   |            |                 |                      | HICH OPERAT     |              |                       | 200 AUTO            |                 | 20b. IF YES,   | WERE FINDIN     | GS USED                          |
| ALR<br>The land.   | La | TIF           |  |            |                 |                      |                 |              |                       | YES 🗌               | NOIX            | YES            |                 | NO [                             |
| ON OF VITAL R HYSICIAN: The ding physician, is certificate ha burial-transit pe Mental Hygien or frem 18 show  | 2  |               | 210. ACCIDENT WAS UNDE                   | -          | 21b. TIME C     | F INJURY<br>M. MONTH | DAY YEA         | R 21c. HOW   | INJURY OCCUR          | RED (ENTERNAT       | URE OF INJURY   | IN ITEM 18 PAR | RT 1 OR PART 2) |                                  |
| VOF<br>SICIA<br>ng p<br>certif<br>rial-t<br>ental  | 7  | MEDICAL       | (IF EITHER, NOTIFY MEDICA                |            | In .            |                      | 19              |              | Y Mark                |                     |                 |                |                 |                                  |
| PHY and ir this ebud of And a  |    | VEDI          | 21d. INJURY OCCURRE                      |            | 21e PLACE       | OF INJURY            | FICE FARM ETC ) | 21f. LOCA    |                       |                     | CITY OR TOW     | 7              | COUNTY          | STATE                            |
| NG offer of the on the one |    | <             | WHILE NOT WHILE AT WORK                  |            |                 |                      |                 | ,            |                       |                     |                 | I to #2        | Cha. P          |                                  |
| NO IN OUR A LOSE IS THE CASE   |    |               | 22a. I certify that (I) (I               |            |                 | e deceosed fr        |                 | <i>b</i> .   |                       |                     | reser           |                |                 | that (I) (we) last               |
| R ATTE<br>hospitch<br>RECTO<br>hed for<br>ept. of I  |    |               | saw the deceased<br>above, (I) (we) (did | alive on.  | ) view the bady | after death.         | 19 <u>80</u> ,  |              | ny) (our) opinion     | death accurre       | d on the dat    | e and haur     | and fram the    | causes stated                    |
| PITAL OR<br>by the ho<br>ERAL DIRE<br>State Dep  |    |               | 22h SIGNATURE                            | e >5       | Tax T           | ).                   |                 | DEGREE       | ATTENDING PHYSICIAN   | MEDICAL<br>DIRECTOR | STAFF           | :<br>AN 🗍      | 10/             | 11/80                            |
| HOS<br>pined<br>FUN<br>suld b  | 1  |               | ROPE                                     | LIVPE OF   | MA              | hie                  | AR) M           | 22e. ADDF    | 7/3/                  | FE                  | 2/5             | AL             | 7/=             |                                  |
| Off Off M  |    | 23a B         | URIAL, CREMATION, R                      | EMOVAL     | 23b. DATE       |                      | 2.2             |              | RCREMATORY            | 23d. LOCA           | TION<br>OR HOWN | 4              | COUNTY          | STATE                            |
| UU BP  |    |               | Entombre                                 | nt         | 10-1            | 3-80                 | Woodl           | awn (e       | metery                |                     | Balto           |                | ryland          |                                  |
| DHMH-16 30M 2/80<br>(VRA 15, 4)  |    | 24 FL         | NERAL DIRECTOR PEN June ral              | 1 4-       |                 | C.J. ADDR            | dson A          |              | 25a. DAT              | E REC'D. BY R       | GISTRAR 2       | Sh. PAGISTR    | AR'S SIGNAT     | URE                              |
| ,  |    |               | - Julienul                               | . HOM      | 2 ))//          | 1 amon               | 210n /11        | enue         | 00                    | TIME                | - I             |                | 1000            |                                  |

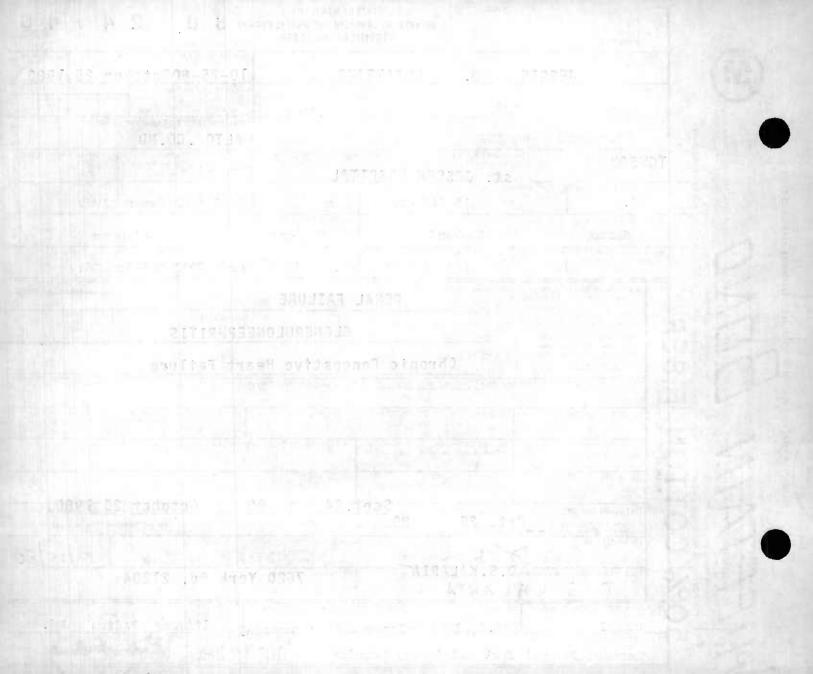
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| in or in          |              |               |   | See |  |
| ALM TO A STATE OF |              | 10.12.0       | C | \$ mi3' -8                              |  |
| en il Costos Also |              |               |   | A transverse                            |  |
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| aunu Comen Light  | Tallia Macon |               |   | 321                                     |  |
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STATE OF MARYLAND

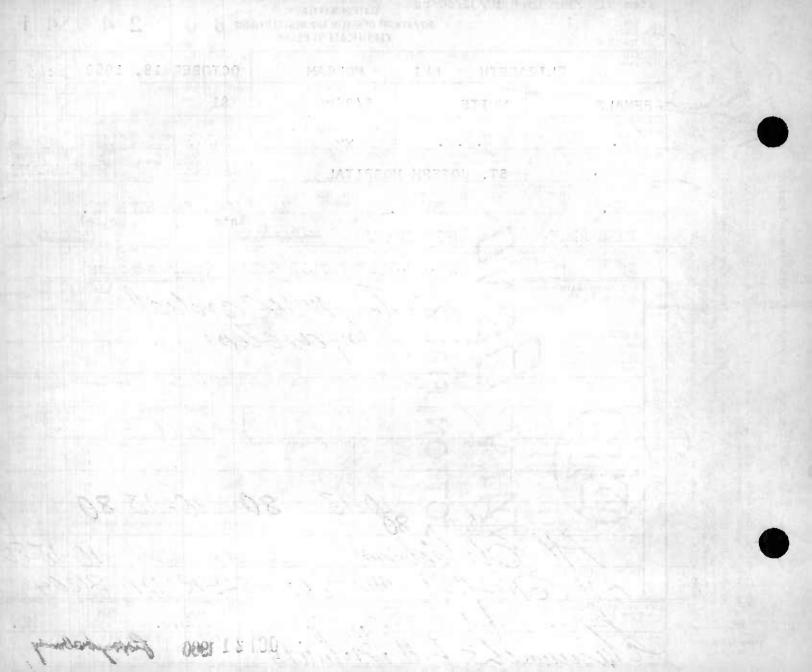
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

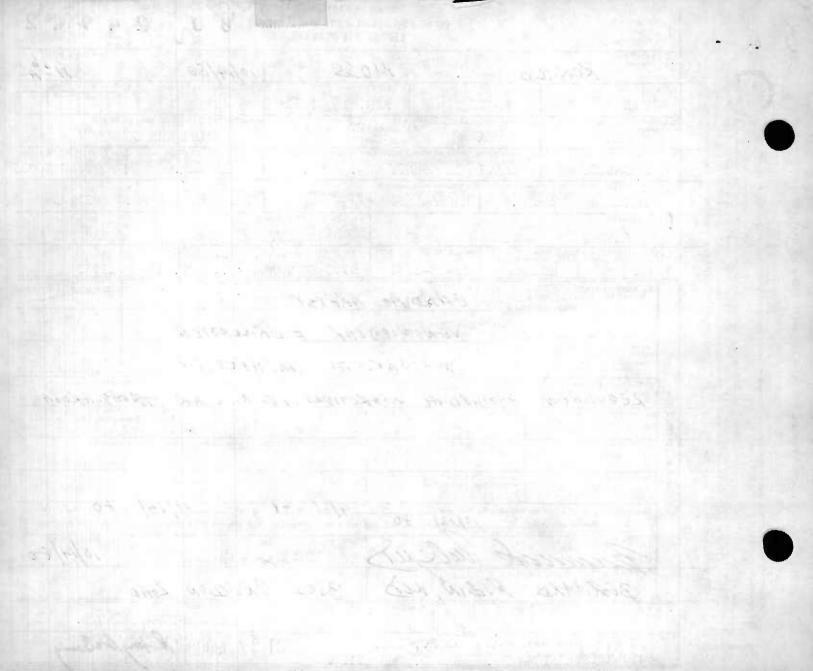




| The state of the s |                       | CEASED NAME<br>OXPRINT)  | ELIZA  |   | NMI  |  | 10RGAN   | OCTOBER   |                                    | 1980                                 | 6:45 P                                      |
|--|-----------------------|--|--|---|--|--|--|---|------------------------------------|--------------------------------------|---|
| and )  | 1. SE                 | Buchelle   | 4:   | RACE  |  | 5 DATE C                                 | OF BIRTH   | AGE (IN YEARS LAST BIR  | THOAY                              | # UNDER LIEA                         | The second second second second             |
| 5  | -                     | EMALE  | 4  | WHIT  | 77   | 1  | /14/99   | 81  | YRS                                |                                      |   |
| :35  | 1 "                   | RTHPLACE STATE CHAS<br>SUNTRY)   |  | U.  | S.A.   | MARRIE                                   |  | BALTIMO   | ORE C                              |                                      | MD.   |
| 58   |                       | BALTO.   | ATH III  | ET NOT IN SU  | JOSEPH I   | ADDRESS)                                 | TAL  | WAITRESS  | A MONTHE!                          | RES                                  | TAURANT                                     |
| 35   | 130.3                 | TATE  MD.  | HIS COUNTY   |   | BALTO  | VN                                       | 134 INSIDE CITY LIMITS?<br>YES NOXX  | 4002 KAH  | LSTC                               | ON RD.                               |   |
| 30   |                       | FREDERIC   |  | 1000  | WHITEHU  |  | 15. MOTHER'S MAIDEN NA   | INE   | 91                                 | Wetzel                               | ETZA  |
| medicol  | 18e. W                | AS DECEASED EVER   | (# 113, GIVE W   |   | 212-32-  |  | PHILIP SM  | ITH (same   |                                    | iress)                               |   |
| er traumatic e   |                       | Conditions, if any, gove rise to improve (a), statin   | mediate  | DUE TO, C   |  | 1  | nflere   | Tensi   | af                                 |                                      |   |
| in Andrew Or   | IFICATION             | gove rise to imm<br>couse (a) statin<br>underlying couse   | which<br>mediate<br>og the<br>lost   | DUE TO, O   | OR AS A CONSEQUI   | ENCE OF                                  | NOT RELATED TO THE TERM  | 70s AUTOPSYF  | 20h. IF YI<br>IN CERT              | ES, WERE FIND                        | PINGS USED<br>ES OF DEATH?                  |
| 99   | AL CERTIFICATION      | gove rise to importance of about orderlying cause PART 2 OTHER SIGN 190. DATE OF OPERA 21s. ACCIDENT WAS USED OR CONTRIBUTING CIT CONTRIBUTING | which mediate up the lost of t | DUE TO, O  THI  DUE TO, O  HI  NOTHONS C  196 COND  216 TIME C HOUR A   | OR AS A CONSEQUI<br>ONTRIBUTING TO<br>DITION FOR WHICH<br>OF INJURY  | ENCE OF  DEATH BUT  OPERATIO             | Per entre de la constante de l | 70e AUTOPSY7  | 20h. IF YI<br>IN CERT              | ES, WERE FIND<br>DEVENG CAUSE<br>/ES | DENGS USED<br>ES OF DEATH?                  |
| or them 18 shows ony injury, or  | MEDICAL CERTIFICATION | gove rise to improve to improve to improve to interest to improve the part 2 OTHER SIGN 110. DATE OF OPERA 210. ACCIDENT WAS USE CHICONTRIBUTING 10 214. INCLUSY OCCURS 214. INCLUSY OCCURS 214. INCLUSY OCCURS 214. INCLUSY OCCURS  | which mediate up the lost NIFICANT COL   | DUE TO, O  THI  DUE TO, O  INI  THE COND  THE | OR AS A CONSEQUI<br>ONTRIBUTING TO<br>DITION FOR WHICH<br>OF INJURY  | DEATH BUT<br>FOPERATION<br>AY YEAR       | N WAS PERPORMED  | 70e AUTOPSY7  | 70s. IF YI<br>IN CERT<br>Y         | ES, WERE FIND<br>DEVENG CAUSE<br>/ES | DENGS USED<br>ES OF DEATH?                  |
| A State Dept. of Health and Mental Hygiene prior to busis, cremation, or in TANT. If tem 21 is marked or tem 18 shows any injury, or other traumatic e   | ¥                     | gove rise to improve to storing orderlying cause  PART 2 OTHER SIGN  The DATE OF OPERA  The ACCEDENT WAS UNCOUNTED.  THE MITTER NOTIFY MIDIC  THE PRIVATE OF OCCUPAT  WHITE MOTHY MIDIC  THE PRIVATE OCCUPATION  THE PRIVATE OCCUPATIO | which mediate up the lost NIFICANT COL   | DUE TO, O  thi  DUE TO, O  11)  NOTHONS C  19) CONO  21) FIME C HOUR A  P  21) PLACE 1AT HOME SI  | OR AS A CONSEQUI<br>ONTRIBUTING TO<br>DITION FOR WHICH<br>OF INJURY<br>LM. MONTH D.<br>M.<br>OF INJURY<br>18811, FACTORY, OFFICE, 1  | DEATH BUT OPERATIO  AY YEAR 19           | N WAS PERFORMED  THE HOW INJURY OCCUR  THE LOCATION LINERY  19  19  19  19  19  At that in (my) (our) opinion DEGREE PHYSICIAN   | 20s: AUTOPSYF VES NO NO RED (ENTER NATURE OF PHO                        | TOR. IF YI IN CERT Y WAY IN TEM IR | ES. WERE FIND<br>IFYING CAUSE<br>YES | PNGS USED<br>ES OF DEATHY<br>NO             |
| Nem 21 is marked at them 18 shows only injury, or  | MEDICAL               | gove rise to improve the course of storm underlying course part 2. OTHER SIGN 190. DATE OF OPERA 21s. ACCEPTIVES INFO CHARLES IN MOTHER HOTELY MOTHER TO OCCURS WHILE A MOTHER HOTELY MOTHER TO OCCURS WHILE A MOTHER TO OCCUPS WHILE A MOTHER TO OCCUPS WHILE A MOTHER TO OCCUP THE OCCUPS WHILE A MOTHER TO OCCUP TO OCCU | which mediate up the lost the  | DUE TO, O  thi  DUE TO, O  11)  NOTHONS C  19) CONO  21) FIME C HOUR A  P  21) PLACE 1AT HOME SI  | ONTRIBUTING TO  DITION FOR WHICH  DE INJURY  LM. MONTH D.  OF INJURY  DEET, PACTORY, OFFICE, 19  We decomed from 19  We decome | DEATH BUT OPERATIO  AY YEAR 19 MAAM FICE | N WAS PERFORMED:  216. HOW INJURY OCCUR  216. LOCATION  MINET  19  216 that in (my) (our) opinion  DEGREE  ATTENDING   | 20e: AUTOPSYF YES NO NO CHYOLOGICAL CHYOLOGICAL death-occurred on the d | TOR. IF YI IN CERT Y WAY IN TEM IR | ES. WERE FIND<br>IFYING CAUSE<br>YES | SIATE  that (II. (ww) last re-course stored |



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7e. DATE OF DEATH MONTH 26 HOUR L DECEASED NAME (TYPE OR PRINT) MOSS ONARD 3 SEX S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS APR. 13, 1932 MALE WHITE TO BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED T NEVER MARRIED MARYLAND USA BALTIMORE COUNTY DIVORCED | WIDOWED TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 174 USUAL OCCUPATION 17h KIND OF BUSINESS OR SPORTING GOODS BALTIMORE COUNTY GEN. HOSP. RANDALLSTOWN JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. MARYLAND 9702 SOUTHALL RD. RANDALLSTOWN 134 INSIDE CITY LIMITS? #21133 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE ALBERT SCHAEFFER LOUIS MOSS ANNETTE 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. ANITA MOSS YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 9702 SOUTHALL RD., APT. 1 YES KOREAN 215-28-2044 #21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying couse MYOCARD PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CONDITION FOR WHICH OPERATION WAS PERFORMED % DATE OF OPERATION 20s AUTOPSY 70h IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NODE YES [ NO [ 716 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED | ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 226.1 certify that (1) (this haspital) attended the deceased fram\_ 19 80 saw the deceased alive an-.. and that in (my) (aur) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after deal) DEGREE ATTENDING MEDICAL STAFF ORTANT PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LTYPE OF PRINTI 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE COBALTO. RETSTERSTOWN OCT 15 1980 BALTIMORE HERREW BURTAL 24 FUNERAL DIRECTOR SOL LEVINSON & BROSS., INC. DHMH-16 25M (VRA 15, 4) 1/79 6010 REISTERSTOWN RD. BALTO, MD 21215



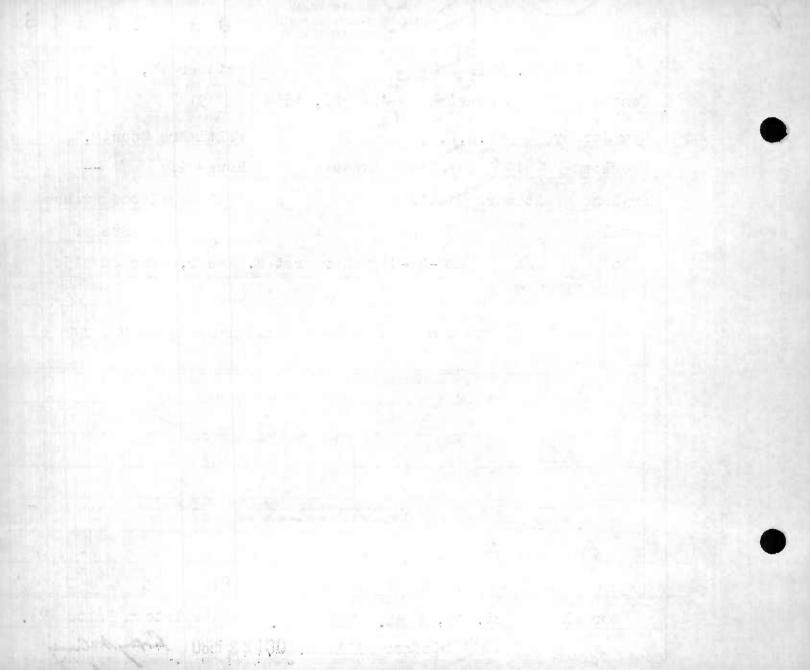


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|              | halto. County    |       | *       | .2.         | .597         |
| Food Service | Switchhold Oper. | .78   | ) i5 va | Helto. Cour | mendallahass |
|              | elouis entra     |       | all:    | Spribio     | .58          |
| ni ten       | 4                | 190   | re      | telk        | ber diff     |
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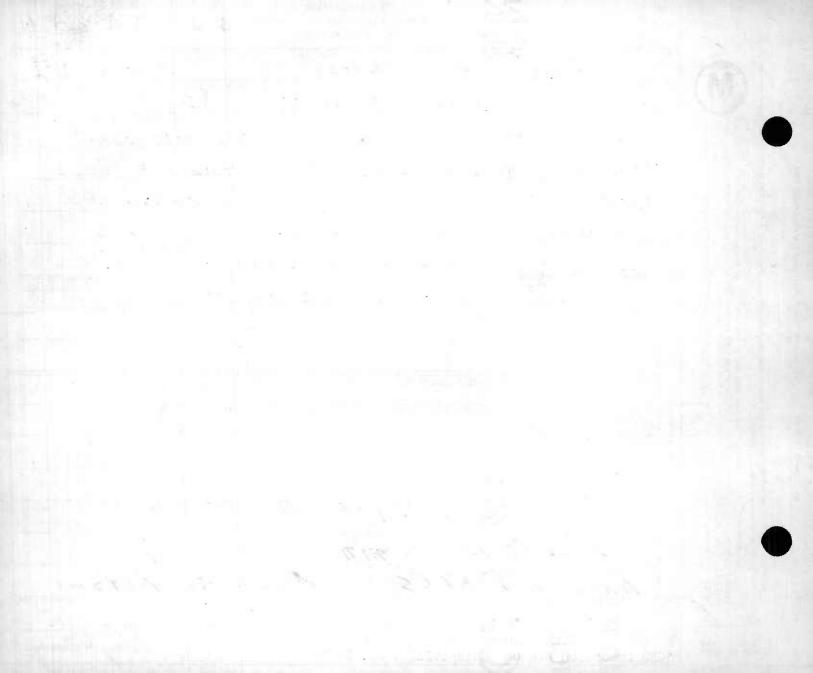
| 3 SE 3 | X   | MIDOLE  MULLENDORE  14 RACE  |   | AST  | REG. NO.   | 20 11   |
|--------|---|--|---|--|--|---|
| 3 SE   | EDITHA S  |  |   |  | Oatohan 11   | 1000  |
| 70 Bi  |   | I DACE   |   |  | October 14   | , 1980  |
| 70 Bi  |   |  | 5 DATE C  |  | & AGE (IN YEARS LAST BIRTHOAY  | MONTHS DAYS HOUR  |
|        | Female  | Caucasian  | Jan   | 26, 1889   | 91   | YRS   |
| C      | RTHPLACE (STATE OR FOREIGN<br>OUNTRY)               | 76 CITIZEN OF WHAT COUNTR  | Y? 8<br>MARRIE  | D NEVER MARRIED  | 9 BALTIMORE CITY OR CO   | DUNTY OF DEATH  |
|        | New Jersey  | U.S.A.   | WIDOWI  | DIVORCED   | Baltimore  | County,   |
|        | ITY OR TOWN OF DEATH                                | 11. NAME OF HOSPITAL, NURS   | ET ADDRESS)   |  | 120 USUAL OCCUPATION   | RKING LIFE) INDUSTRY  |
|        | Woodlawn  | 11924 Engelwo  | od Av   | enue   | Housewife  |   |
| 13a. S | at residence (if nursing home of state aryland Balt | rother institution, give residence ber<br>NTY 13c CITY OR TO<br>timore Woodla  | WN  | 13d INSIDE CITY LIMITS?  | 1924 Engel   | wood Avenue   |
|        |   | MIDDIE LAST  |   |  |  | LACY  |
| Sa     | amuel   |  | n   | Ella   | Model  | Sudler  |
| 16a V  | VAS DECEASED EVER IN U.S. AF                        |  |   | 17 INFORMANT   | ADDRESS  |   |
|        | No N/   | /A 220-48  | -0650   | Margaret F   | . Ensor, Sa  | me As #13e  |
|        |   |  | ond ici   | .0   | B  | APPROXIMATE IN<br>BETWEEN ONSET A   |
|        |   | / 12 1   | gestice   | - Heart Fa   | lene   | Moun  |
|        | 4292  | DUE TO OR AS A CONSEC  | MENCE OF  | 11   | . 05   | ,,  |
|        | Conditions, if ony, which                           | ( b) Avi   | Eriosc  | levotic Car  | Leoverscular De  | sease year  |
|        | gove rise to immediate                              | DUSTO OD IS I CONSTO   |   |  |  |   |
|        | underlying couse lost                               | DUE TO, OR AS A CONSEC   | UENCE OF  |  |  |   |
|        | PART 2 OTHER SIGNIFICANT                            | CONDITIONS CONTRIBUTING TO   | O DEATH BUT   | NOT RELATED TO THE TERM  | AINAL DISEASE OF CONDITIE  | ON GIVEN IN PART 1/2  |
| l z    | 011   |  | <u> </u>  | p/ 11 1  |  | SIT OIVER IN FART TO  |
| ₹      | 190 DATE OF OPERATION                               |  | H OPERATIO  |  | 20a AUTOPSY? 201   | b. IF YES, WERE FINDINGS U  |
| H      |   | -  |   |  | IN   | CERTIFYING CAUSES OF DE   |
| E -    | 21n ACCIDENT WAS UNDERLYING T                       | 716. TIME OF INJURY  | _   | 21c HOW INJURY OCCUR   |  |   |
|        | OR CONTRIBUTING CAUSE OF DE                         | HOUR A.M. MONTH  | DAY YEAR  |  |  |   |
| 2      |   |  | 19  | TAN LOCATION   |  |   |
| MEG    |   |  | E, FARM, ETC.)  | STREET   | CITY OR TOWN   | COUNTY  |
|        | AT WORK   |  |   |  |  |   |
| -      |   |  |   | em leen 19 76  | 1, 10 October  | 19 19 19 that (1  |
|        | sow the deceased alive or                           | n October 19 19  | 80 ,0   | nd that in (my) ( poinion  | deoth occurred on the date o   | and hour and from the couses  |
|        | 22b. SIGNATURE                                      | of view the pody offer death.  |   | DEGREE   |  | 22c. DATE ŞIGNE   |
| 187    | Morna   | . A. a. l.a  | 11  | ATTENDING  | MEDICAL STAFF  | 10/16/  |
| -      | U "   |  | 60  |  | DIRECTOR   PHYSICIAN   | 10/16/  |
|        | 11  | D (  | 2   | 4 0  | 1 11-1   | 00 80 213   |
|        | Herman  | Drecher, M   | 1)1   | 6410 W   | cudeon "lu   | X Fel 61  |
| 100    |   |  |   |  |  |   |
| 23a. E | BURIAL, CREMATION, REMOVAL<br>SPECIFY) Burial       | 23b. DATE 23   | NAME OF   | EMETERY OR CREMATORY   | Randellsto   | own Balto   |
|        | 130. S<br>Ma<br>14 F/                               | 136 STATE   136 COU   Maryland   138 COU   Maryland   138 COU   14 FATHER'S NAME   Samue   1 FIRST   138 CAUSE OF DEATH IENTER OF PART I. DEATH WAS CAUS   IMMEDIA   15 FOR STATE   15 F | 136 COUNTY   136 COUNTY   136 CITY OR TO     14 FATHER'S NAME   SAMUEL   Cawma     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SET     176 | 136 COUNTY   136 COUNTY   136 CITY OR TOWN     Maryland   Baltimore   Woodlawn     14 FATHER'S NAME   Samuel   Cawman     160 WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.     170 | 136 CHIT OF TOWN   136 CHIT OF TOWN   136 INSIDE CHY LIMITS?   NO MARY   14 FATHER'S NAME   15. MOTHER'S MAIDEN NA | 136 CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c)   PART 1. DEATH WAS CAUSED BY:   IMMEDIATE COUSE   10.   AND THE COUSE   10. |

STATE OF MARYLAND



|  | 1.                 | FOR<br>STATE<br>REGISTRAR  |  | STATE OF MARYLAND<br>TMENT OF HEALTH AND MENTAL HYO<br>CERTIFICATE OF DEATH  | REG. NO.  | 24946  |
|--|--------------------|--|--|--|---|--|
| e <del>E</del>   | 1. DE<br>(TYPE     | CEASED NAME FIRST  | WIDDLE   | LAST   | 20 DATE OF DEATH  | ONTH DAY YEAR 26. HOUR   |
| deod   |                    | EILE   |  | MURRAY   | OCTOBER :   |  |
| or, p  | 3. SE              |  | 4 RACE   | 5. DATE OF BIRTH MONTH DAY YEAR  | 6 AGE (IN YEARS LAST BIRTHE                                 | MONTHS DAYS HOURS MIN  |
| urs c  | -                  | FEMALE   | WHITE  | MARCH 23, 190  |   | YRS  |
| bin 72 ha  | 7                  | IRTHPLACE (STATE OR FOREIGN OUNTRY)  IRELAND   | 76 CITIZEN OF WHAT COUNTRY  USA  | MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   | BALTIMORE   | E COUNTY M   |
| by the filled with   | E                  | BALTIMORE  | (IF NOT IN SUCH FACILITY, GIVE STRE  | PH HOSPITAL  | 120 USUAL OCCUPATIO<br>(TYPE OF WORK FOR MOST OF V<br>CLERK |  |
| filled in<br>could be  | 130                | AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD BAL   | PROTHER INSTITUTION GIVE RESIDENCE BEF<br>JNTY 13c CITY OR TO<br>TO. TWWS ON   | ORE ADMISSION) 13d. INSIDE CITY LIMITS? YES \( \text{YES}  NO \( \text{\overline{A}} \)  | 13e STREET ADDRESS<br>907 SOUTHE                            | RLY ROAD   |
| and 2 st   | 14. F/             | ATHER'S NAME JEREMIAH M  | MIDDLE LAST  | 15 MOTHER'S MAIDEN NA FIRST ELI  | ZA REAGAN   | LAST   |
| Pages 1  |                    | NAS DECEASED EVER IN U.S. A<br>YES, NO OR UNKNOWN) (IF YES, GP   | RMED FORCES? 166 SOCIAL SEC<br>VE WAR OR DATES) 055-14-  |  | ADDRESS<br>E McDONALD                                       | SAME   |
| ending physicic<br>corbonpapers<br>n, ar remavol.<br>motic event, the  |                    | PART I. DEATH WAS CAUS<br>IMMEDIA  | only one couse per line (a), (b), (b), (b) at E CAUSE (b).  DUE TO, OR AS A DA SE.   | Gelegenery Con   | cest  | APPROXIMATE ATTERVAL BETWEEN ONS F AND DEATH  LLL  |
| igned by the ott<br>en pleose remove<br>i buriol, cremotio<br>ury, ar other trau   | z                  | Conditions, if ony, which gove rise to immediate cause iot, stating the underlying cause lost  PART 2. OTHER SIGNIFICANT   | (c) Elia   | DUENCE OF Cardeac  O DEATH BUT NOT RELATED TO THE TERM   | Cocuelo MINAL DISEASE OR CONDI                              | TION GIVEN IN PART 110   |
| int. The ior to my inju  | CATIO              | 10. DATE OF OPERATION  | 19h CONDITION FOR WHI  | CH OPERATION WAS PERFORMED   |   |  |
| hos be permit by sone prime pr | Ē                  | 190 DATE OF OPERATION  | 176 CONDITION FOR WHIR   | CHOPERATION WAS PERFORMED  |   | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO  |
| cate hos cate hos ansit per Hygiene 8 shows  | AL CERTIFICATION   | 210. ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING CAUSE OF DE   | 216. TIME OF INJURY HOUR A.M. MONTH  | DAY YEAR 216. HOW INJURY OCCUR   | YES NO REPORTED (ENTER NATURE OF INJURY)                    | IN CERTIFYING CAUSES OF DEATH?  YES NO   |
| hos hos  | MEDICAL CERTIFICAL | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI  (IF ETTHER, NOTIFY MEDICAL EXAMINET  21d. IN JURY OCCURRED   | 216. TIME OF INJURY HOUR A.M. MONTH  | DAY YEAR 19 211. LOCATION  | YES NO  | IN CERTIFYING CAUSES OF DEATH?  YES NO   |
| or of otherding physicion.  2. After this certificate hos use as the buriol-transit per ealth and Mentol Hygiene is marked or Item 18 shows  |                    | 21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1)  | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21a PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFIC   | DAY YEAR  19 211. LOCATION STREET  | YES NO                  | IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18, PART 1 OR PART 2)   |
| ne hospital or ottending physicion.  DIRECTOR: After this certificate hos oched for use as the buriol-transit per Dept. of Health and Mental Hygiene If hem 21 is marked or Item 18 shows  |                    | 21b. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1)  | 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)   | DAY YEAR  19 211. LOCATION STREET  | YES NO                  | IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18, PART 1 OR PART 2)  COUNTY STATE  19 that (CTWETN)  27t. DATE SIGNED |
| DIRECTOR. After this certificate hos oched for use as the buriol-transit per Dept. of Health and Mental Hygiene If Hem 21 is marked or Item 18 shows   |                    | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1).   | 21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFIC  | DAY YEAR  19 211. LOCATION STREET  19 219. LOCATION STREET  19 219. LOCATION STREET  19 219. LOCATION STREET  ATTENDING  | YES NO                  | IN CERTIFYING CAUSES OF DEATH? YES NO NO NITEM 18, PART 1 OR PART 2)  COUNTY STATE  19 that (CTWETN)  27t. DATE SIGNED |
| by me nospinal or arenaing physicion.  ERAL DIRECTOR, After this certificate hos edetoched for use as the buriol-transit per Srate Dept. of Health and Mental Hygiene ANT: If Item 21 is marked or Item 18 shows   | WEDICAL            | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) ALL HOST CONTRIBUTION OF THE CONTRIBUTION OF T | 21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE  The wide the lody offer death.  22b. DATE 23b. DATE 27. 1980 | DAY YEAR  19  211. LOCATION STREET  219. LOCATION STREET  220. ADDRESS  220. ADDRESS  240. LOCATION STREET  240. LOCATION STREET  250. ATTENDING PHYSICIAN 260. ADDRESS  260. NAME OF CEMETERY OR CREMATORY PARKWOOD | YES NO CHARLE OF INJURY I                                   | IN CERTIFYING CAUSES OF DEATH?  YES NO   |

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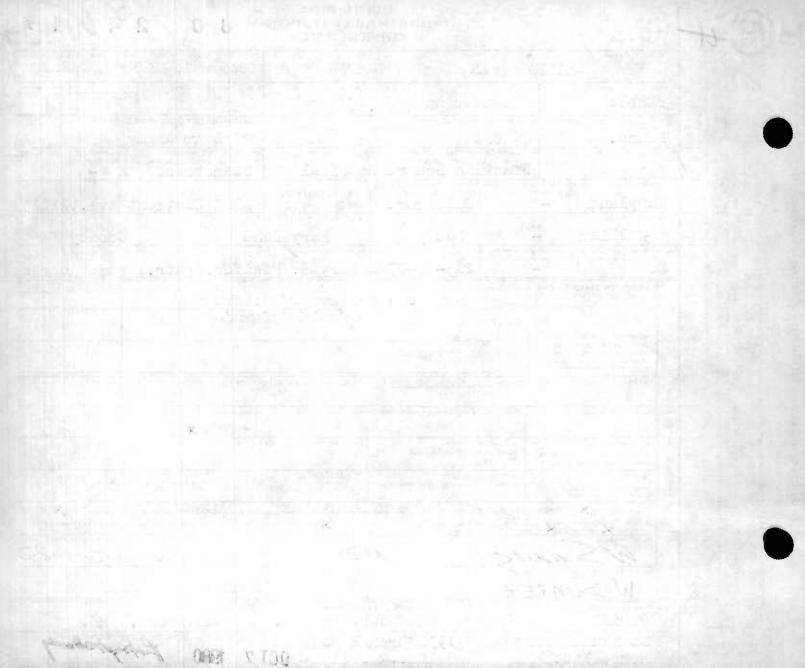
DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME DAY 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-WILLIAM B. MUSIC, JR. 80 6. AGE (IN YEARS | IF UNDER 1 YR. 4 RACE 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED male white 80 2.5 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore County DIVORCED WIDOWED IL CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Beltway east of Putty Hill Overpass ARKVILLE HANDEL INC USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a. STATE 316 N. 5EORGE 14. FATHER'S NAME 17. INFORMANT 212625985 MUSIC 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Mechanical asphyxia IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) Passenger in jeep that went out of control. CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION street, factory, farm, etc.) WHILE NOT WHILE ltway east Balto. Md. 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH TI BALTIMORE, MARYLANI Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) DATE SIGNED 10-30-80 M.D. Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St. EXAMINER'S NAME TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE BALTO. MO 250. DATE REC'D. BY REGISTRAR 1256. 24. FUNERAL DIRECTOR **DHMH - 17** /R A15 ME (5)

STATE OF MARYLAND

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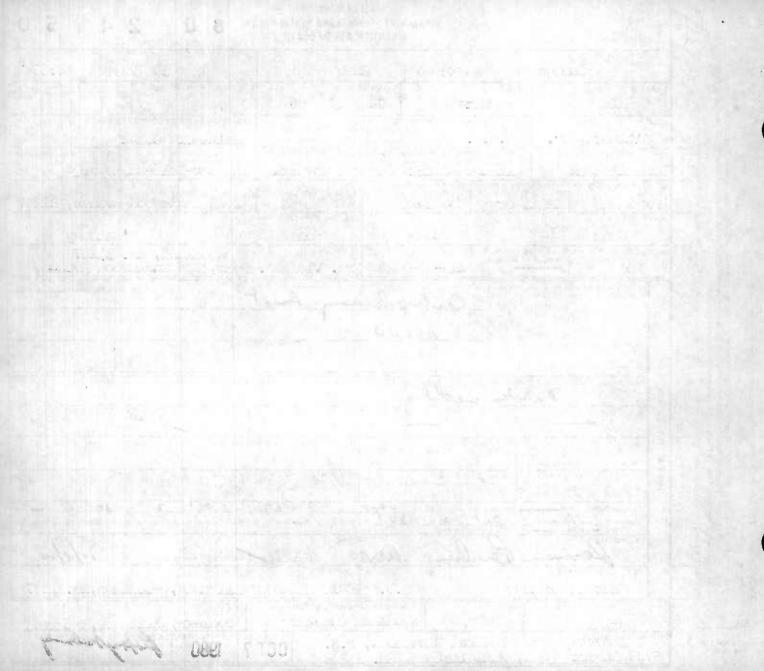
|   |               | FOR   | DER A DVI  | STATE OF MARYI<br>MENT OF HEALTH AND |                                     | . 0 0  | 0 4                                       | AO   |
|---|---------------|---|--|--------------------------------------|-------------------------------------|--|---|--|
| H   | 1.            | STATE<br>REGISTRAR  | DEFARIT  | CERTIFICATE OF                       |                                     | REG. NO  | 2 4                                       | 7 4 7  |
|   | 1. DE         | CEASED NAME FIRST OR PRINT) BERTH   | IA ELLEN   | NAP <b>F</b> EL                      |                                     | october 1,   | MONTH DAY YEAR                            | 2: 12p                                       |
| once.   | 3. SE         | 'emale  | Caucacian  | NOV.1, 18                            | 98 YEAR                             | GE (IN YEARS LAST BIRTI                              | HDAY)  IF UNDER I YEAR  MONTHS DAYS  YRS. |  |
| Sed at  | C             | RTHPLACE (STATE OR FOREIGN DUNTRY)  COND.   | 76 CITIZEN OF WHAT COUNTRY? USA  |                                      | NORCED   E                          | Baltimore city o                                     | County OF DEATH                           | MD   |
| sribe no  | В             | altimore  | 11. NAME OF HOSPITAL, NURSIN<br>Franklin Squarenty, Give STREET  | are Hospit                           | tal (T)                             | USUAL OCCUPATE<br>PE OF WORK FOR MOST OF<br>Seamstre | E WORKING LIFE) I INDUSTRY                | OF BUSINESS OR                               |
| should be fill  | 130. 3        | at RESIDENCE (IF NURSING HOME OR 136, COUN aryland -  | other institution, give residence before<br>ITY   130. CITY OR TOW<br>Baltime  | N 13d INSIDE                         |                                     | STREET ADDRESS                                       | tmont Ave                                 | 21213  |
| O O o sa  | 14 FA         | THER'S NAME William   | Lacey  |                                      | rs maiden name<br>first<br>Mary Jan | e MIDDLE   | Coon                                      | AST  |
| the me  | 160 V         | VAS DECEASED EVER IN U.S. ARI<br>res, no or unknown) (if yes, give  | WAR OR DATES)  | rity no. 17 inform<br>-0761 Marj     |                                     | ADDRE<br>ifer,dgh                                    | tr., same                                 | addres                                       |
| emove carbon papers<br>remation, or removal<br>other traumatic ever |               | PART I. DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the | y ane cause per line for (a), (b), on DBY.  E CAUSE (a) Cardio-pt  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE | monary Ari                           | cest;Acute<br>dial Infar            | Anterior<br>etion                                    |   | DXIMATE INTERVAL<br>N ONSET AND DEATH        |
| mit. Then please r g prior to burial, c ows any injury, or          | CERTIFICATION | PART 2 OTHER SIGNIFICANT C  | ONDITIONS CONTRIBUTING TO I  | DEATH BUT NOT RELATE                 |                                     | L DISEASE OR COND                                    | DITION GIVEN IN PART I                    | INGS USED                                    |
| ial-transit per<br>lental Hygien.<br>or Item 18 sh                  |               | 218. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF GEA   | ) 216 TIME OF INJURY<br>TH HOUR A.M. MONTH DA  |                                      |                                     | YES NOM  | YES TO YEM 18, PART I OR PART 2)          | № □  |
| h and Me  | MEDICAL       | 214. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK  | 218 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F  | 211 LOCAT                            | IÓN                                 | CITY OR TOW  | N COUNTY                                  | STATE  |
| for use as<br>of Healt  | 31            | 220.1 certify that (this hospit<br>sow the deceosed olive on<br>above, (we) (did) (diamet                 | ol) ottended the deceased from 19 8  |                                      |                                     | to <u>October</u> h occurred on the do               | 1 19 80 te and fram the                   | , that <b>K</b> (we) lost<br>e couses stated |
| detached<br>rate Dept   |               | 226. SIGNATURE  | uec  | DE GREE M.D                          | ATTENDING M<br>PHYSICIAN DI         | STAF   | F IAN 10                                  | E SIGNED                                     |
| with the State  |               | 22d. PHYSICIAN'S NAME (TYPE OF  | EZ   | 22e ADDRE<br>9000                    | SS                                  | Square Dr  |   |  |
| Thought out   |               |   |  |                                      |                                     |  |   |  |
| should be defined with the State [                                  | (:            | urial, cremation, removal<br>Burial<br>MSCRIMMON ek Fi  | 10/4/80 Me   | name of CEMETERY OR<br>eadowridge    | Cem.                                | Balti  | more, Md                                  | STATE  |

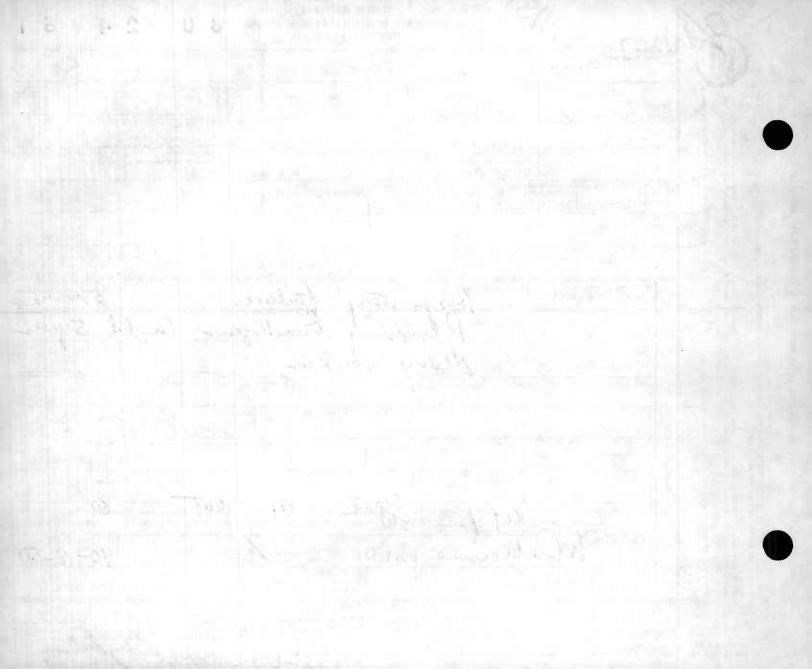
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



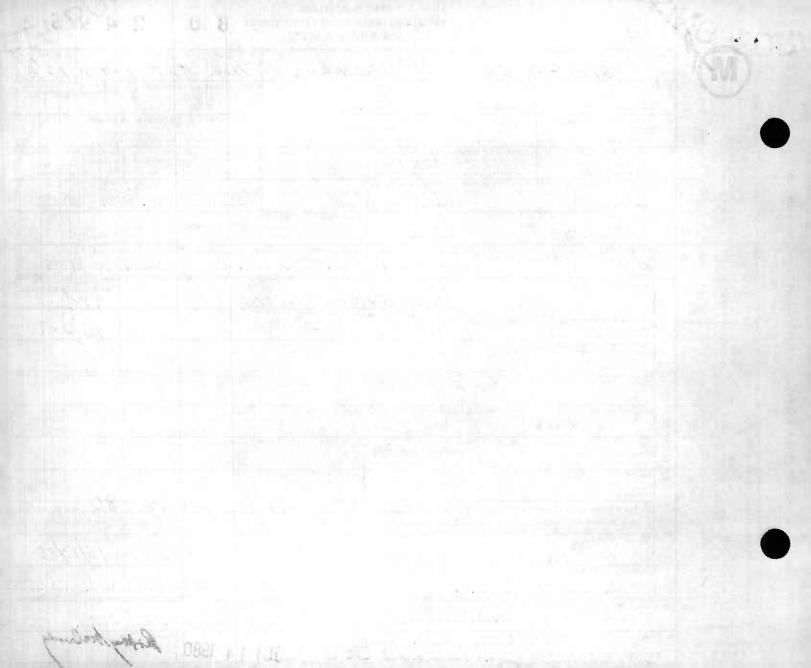
| . 19   | 1             | FOR<br>- STATE<br>REGISTRAR  | DE  |  | HEALTH AND MENTAL H  | YGIENE 8 0  | 2 4                                      | 950  |         |
|--|---------------|--|---|--|--|---|--|--|---------|
| m r  |               | ECEASED NAME FIRST   | WIOOLE  |  | LAST   | 2a DATE OF DEATH  | MONTH DAY                                | YEAR 26 HOUR P   | ,       |
| er death   | L             | George   | Edwin   |  | Weeb   |   | 10 02                                    | 80 8:36  | v       |
| iffer of   | 3. 9          |  | 4 RACE  |  | OF BIRTH   | 6. AGE (IN YEARS LAST B   | IRTHDAY) IF UNDE                         | ER I YEAR IF UNDER 24 HRS. DAYS HOURS MIN.                             |         |
| directar, p<br>hours after<br>hours after                                      | L             | Male   | White   | 06   | 23° 06° AR   | 74  | YRS.                                     |  |         |
| 72 ho  |               | BIRTHPLACE (STATE OR FOREIGN COUNTRY)  | 76 CITIZEN OF WHAT COU  | NTRY? 8.<br>MARRII   | NEVER MARRIED  | 9 BALTIMORE CITY  |  | EATH   |         |
| = 0  |               | Baltimore, Md.   | U.S.A.  | WIDOW  |  | Baltimor  | e County                                 | MI   | 0       |
| a wiffed   |               |  | (IF NOT IN SUCH FACILITY, GIV<br>Baltimore Cou  | E STREET ADDRESS   | OR OTHER INSTITUTION   | TYPE OF WORK FOR MOST Plumber-S   | OF WORKING LIFE) INC                     | KIND OF BUSINESS OR<br>DUSTRY  |         |
| be /   |               | andallstown JAL RESIDENCE (IF NURSING HOME C   |   |  | eral Hospita   | I Plumber-S   | eti-rubho                                | yerc   | _       |
| T must b   | 130<br>M      | aryland Bal  |   | RTOWN  | 13d. INSIDE CITY LIMITS?<br>YES NO 💆   | 2025 Eng  | lewood Av                                | enue, 21207  | ,       |
| E S  | 14.           | ATHER'S NAME<br>FIRST  | MIDDLE LA   | AST  | 15. MOTHER'S MAIDEN I  | MIDDLE  |  | LAST   |         |
| Exe  |               | John   |   | eeb  | Rose   |   |  | thony  |         |
| medical  | 160           | WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G  | IVE WAR OR DATES!   | 17-9320  | Mrs. Viola A   | Woodla<br>A. Neeb,2025  | wn, Md. 2.<br>Englewood                  | 1207<br>d Avenue,  |         |
| al.  | F             | 18 CAUSE OF DEATH (Enter of  | only one couse per line for (a),  | (b), ond (c).)   |  | ,   |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH                        | =       |
| moval  |               | PART I. DEATH WAS CAUS   | ED BY: ATE CAUSE (0) Care   | lis pula   | onary Ame  | , F.  |  |  | Ī       |
| ar re  |               | 4292   | DUE TO, OR AS A CON   | ISEQUENCE OF   | THE STATE OF STREET  |   |  |  |         |
| Dum<br>Dum   |               | Conditions, if ony, which  |   | 15CUD  |  |   |  |  | Ì       |
| emot<br>er fro   |               | gove rise to immediate couse (a), stating the  | DUE TO, OR AS A CON   | ISEQUENCE OF   | March 45 N   | Michigan  |  |  | Ī       |
| or oth   | 1             | underlying couse last.   | (c)   | 132002110201   |  |   |  |  |         |
| 7,   | 1_            | PART 2 OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTION   | G TO DEATH BU  | NOT RELATED TO THE TE  | RMINAL DISEASE OR COI   | NDITION GIVEN IN                         | PART 1(o)  | Ξ       |
| ior to   | ] 6           | Dia  | betas welling   | tus  |  |   |  |  |         |
| S O S  | CERTIFICATION | 196. DATE OF OPERATION   | 196 CONDITION FOR   | WHICH OPERATIO   | DN WAS PERFORMED   | 200 AUTOPSY?  | 20b. 1F YES, WER<br>IN CERTIFYING<br>YES | RE FINDINGS USED CAUSES OF DEATH?                                      |         |
| Hygie  | Ü             | 210. ACCIDENT WAS UNDERLYING   |   | TH DAY YEAR  | 21c HOW INJURY OCC   | URRED (ENTER NATURE OF IN   | IURY IN ITEM 18, PART 1 OF               | R PART 2)  | _       |
| E  | K             | OR CONTRIBUTING CAUSE OF DI  | CAIN .  | IN DAT TEAK  |  |   |  |  |         |
| × ö  | EDI           | 21d. INJURY OCCURRED   | 21e. PLACE OF INJURY  |  | 211. LOCATION<br>STREET  | CITY OR I   | OWN CC                                   | OUNTY STATE  |         |
| rked   | 1 2           | AT WORK NOT WHILE  | TAL HOME, SIREET, PACTORY,  | OTTILE, FARM, ETC.)  |  |   |  |  |         |
| s mo   |               | 220.1 certify that (I) (the has  |   |  | , 19_6   | 9 , to Oct  | 2 19_1                                   | , that (I) ( <del>we)</del> los  | it      |
| 21   |               | sow the deceased alive a above, (#) (we) (did) (did  | n UCF 2 ot) view the body after death.  | 19_80,0  | nd that in (my) (suc) opinio   | on death occurred on the  | date and hour and f                      | from the couses stoted   |         |
| hem<br>hem   |               | 22b. SIGNATURE   | 00  | ,  | DEGREE   |   |  | 2c. DATE SIGNED  | -       |
|  |               | Herman   | - Breilie   | hu   | ) » ATTENDING PHYSICIAN  | DIRECTOR PHYS   | AFF<br>ICIAN                             | 10/4/80.   |         |
| TAN  | 1             | 22d. PHYSICIAN'S NAME (TYPE  | OR PRINT)   |  | 22e ADDRESS  |   |  |  | -       |
| POR th   |               | Herman Bred  | cher  | M.D.   | 6410 Windso  | or Mill Road  | , Woodlaw                                | n,Md.21207   |         |
| 5 3 ₹  | 230           | BURIAL, CREMATION, REMOVA  |   |  | EMETERY OR CREMATOR  |   |  | 17V 571V   |         |
|  | 1             | Burial   |   |  |  | Woodlawn  | ,Baltimore                               | e Maryland   |         |
|  | 24            | FUNERAL DIRECTOR BY  | ers Funeral Di  | rectors  | P.A. 250 D   | ATE REC'D. BY REGISTRA  | R 25), RECUSTRAR'S                       | July .   | 1       |
| 4)   | 1             | 3728 Liberty Roa   | ad, Randallsto  | wn Md  | 21133  | 1300  | 4.1.                                     |  |         |
| DIRECTOR: After the ached far use as the Dept, af Health and them 21 is morked | 24            | (IF EITHER, NOTIFY MEDICAL EXAMINING INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (the hay saw the deceased alive obove, (Hw(we) (did) (did-22b. SIGNATURE)  22d. PHYSICIAN'S NAME (TYPE  Herman Bred  BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL  FUNERAL DIRECTOR BYEN NAME FOLIAGE  BYEN NAME FOLIAGE  BYEN STANSIER  BYEN NAME FOLIAGE  BYEN STANSIER  BYEN BYEN STANSIER  BYEN BYEN BYEN BYEN BYEN BYEN BYEN BYE | P.M.  21e. PLACE OF INJURY (AT HOME: STREET, FACTORY.  21e. PLACE OF INJURY (AT HOME: | from 32p<br>from 32p<br>19 80 , o<br>M.D.<br>23c NAME OF WOOdlaw | 211. LOCATION STREET  19 6  nd that in (my) (eww) opinion DEGREE  22e ADDRESS 6410 Windsc DEMETERY OR CREMATOR TO CEMETERY OF CREMATOR TO CEMETERY P.A.  250 D | on death occurred on the DIRECTOR PHYS  Print Mill Road  Y 23d LOCATION CITY OF TOWN WOOdlawn | AFF ICIAN   27  Woodlawn  Baltimore      | that (1) (c) from the couses st. 2c. DATE SIGNED for polypoon, Md. 212 | oted 07 |

STATE OF MARYLAND

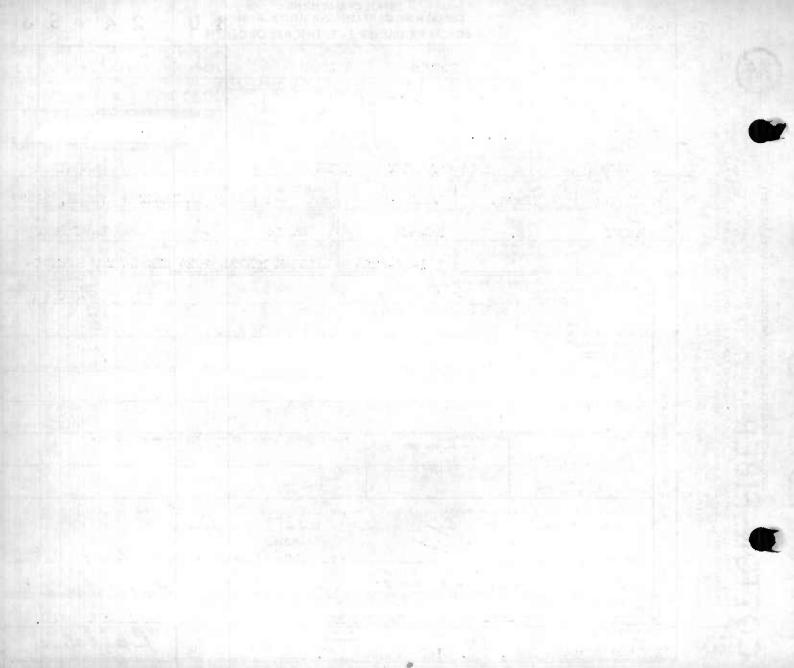




|                  |               |   |                   |                           | SIAH         | E UF MAKTLAND                           |                         |                      | 199                |
|------------------|---------------|---|-------------------|---------------------------|--------------|---|-------------------------|----------------------|--------------------|
| . 0              | Vi.           | FOR<br>- STATE<br>REGISTRAR                     |                   | DEPARTM                   |              | EALTH AND MENTAL HYGI<br>ICATE OF DEATH | IENE 8 0                | 2 4                  | 9 5                |
| Section 1        | I DE          | CEASED NAME FIRST                               |                   | MIDDLE                    | ı            | AST                                     |                         |                      | YEAR 25 HOUR       |
|                  | (TYPE         | SIEGH   | RIED              |                           | NE           | LMANN                                   | non 10                  | +1219                | 18/12              |
|                  | 3 SE          |   | 4 RACE            |                           | 5 DATE C     |   | AGE (IN YEARS LAST BIR  | THOAY) IF UNDER      | RIYEAR IF UNDER?   |
| nce.             |               | MALE  | WHITE             | 1                         |              | 1. 2, 1894 TEAR                         | 86                      | YRS.                 | OAYS HOURS         |
| ato              |               | IRTHPLACE (STATE OR FOREIGN                     | 76 CITIZEN OF     | WHAT COUNTRY?             | 8<br>MARRIEI | NEVER MARRIED                           | BALTIMORE CITY          |                      | ATH                |
| 197              |               | GERMANY   | USA               | 4                         | WIDOWE       |   | BALTIMO                 | RE COUNTY            |                    |
| . 00             | 10. C         | ITY OR TOWN OF DEATH                            | 11. NAME OF       | HOSPITAL, NURSING         | G HOME C     | OR OTHER INSTITUTION                    | 17a USUAL OCCUPAT       | ON 12h 1             | KIND OF BUSINES    |
| 390              |               | BALTIMORE                                       | MILFO             | ORD MANOR                 | NURSI        | ING HOME                                | SUPERV.                 | SOR                  | LUGGAGE            |
| Jan Jan          | USU           | AL RESIDENCE (IF NURSING HOME OF                | OTHER INSTITUTION | 136. CITY OR TOWN         | ADMISSION)   | 134 INSIDE CITY LIMITS?                 | 12- CTREET ADDRESS      | APT. 10              | )9                 |
| 35               |               | MARYLAND /                                      |                   | BALTIMO                   |              | YES NO                                  | 6711 PARK               | HTS. AVE.            | . #21215           |
| exan             | 14. F/        | ATHER'S NAME                                    |                   |                           |              | 15. MOTHER'S MAIDEN NAM                 |                         |                      |                    |
| 300              | )             | FERDINAND                                       | MIDDLE            | NEUMAN                    | IN           | SARAH                                   | WIDDLE                  | SAMUE                | ELS                |
| 3500             | 16a \         | WAS DECEASED EVER IN U.S. AR                    | MED FORCES?       | 166 SOCIAL SECUE          | RITY NO.     | 17 INFORMANT MKS                        | . FRIEDADA              |                      |                    |
| the              | 1             | YES, NO OR UNKNOWN) (IF YES, GIV                | E WAR OR DATES)   | 219-03-0                  | 107          | HTS. AVE., A                            | PT. 109                 | BALTO., M            | 4D 21215           |
| ral.             |               | 18. CAUSE OF DEATH (Enter or                    | dy one coure oe   | r line for to tith and    | ies. A       |   |                         |                      | APPROXIMATE INTERV |
| ic ev            |               | PART I. DEATH WAS CAUSE                         | D BY:             | 1300                      | nih          | mummer                                  | 17-                     | -                    | 1 M                |
| or re            |               | IMMEDIA   | TE CAUSE (a)      | 17 41                     | 00           | 18100011 VI WE                          |                         |                      | 1110               |
| trau             |               | Conditions, if any, which                       | DUE TO, C         | R AS A CONSEQUE           | NCE OF       | n _                                     |                         |                      | In un              |
| emat             | 1.5           | gave rise to immediate                          | (b)_              | 10.13                     | CV           |   |                         |                      | 100                |
| or o             |               | couse (a), stating the underlying couse last.   | DUE TO, C         | R AS A CONSEQUE           | NCE OF       |   |                         |                      |                    |
| ouria            |               | PART 2 OTHER SIGNIFICANT                        | CONDITIONS C      | ONTRIBUTING TO D          | EATH BUT     | NOT RELATED TO THE TERMI                | NAL DISEASE OR CON      | DITION GIVEN IN P    | ART l(a)           |
| to t             | Z             |   |                   |                           |              |   |                         |                      |                    |
| ws a             | CERTIFICATION | 190 DATE OF OPERATION                           | 19b. COND         | ITION FOR WHICH           | OPERATIO     | N WAS PERFORMED                         | 200 AUTOPSY?            | 20b. IF YES, WERE    | FINDINGS USED      |
| sho sho          | I E           | non   | N                 |                           |              |   | YES NOT                 | IN CERTIFYING C.     | AUSES OF DEATH     |
| Hygi m           | 1 8           | 210. ACCIDENT WAS UNDERLYING                    |                   |                           |              | 21c HOW INJURY OCCURR                   |                         |                      |                    |
| la Te            |               | OR CONTRIBUTING CAUSE OF DE.                    | ain a a           | M MONTH DA                | Y YEAR       |   |                         |                      |                    |
|                  | MEDICAL       | 21d INJURY OCCURRED                             | 21e PtACE         | OFINJURY                  |              | 211 LOCATION                            |                         |                      |                    |
| th and N         | X             | WHILE NOT WHILE AT WORK                         | ] AT HOME, ST     | REET, FACTORY, OFFICE, FA | RM, ETC.I    | STREET                                  | CITY OR TO              | VN COUR              | NEY STA            |
| is m             | 100           | 22a I certify that (1) (this hasp               | tal) attended ti  | ne deceased from          |              | 3/1 19.76                               | _ 10                    | /12 10 8             | that (I) (v        |
| n 21             |               | sow the deceased alive on                       |                   | 7/13 19 8                 | 0 .01        | nd that in (my) (pur) opinion d         | leath occurred on the d | ate and hour and fre | om the couses sto  |
| Dept. o          |               | abave, (I) (we) (did) (did no<br>22b. SIGNATURE | it) view the bady | offer death.              |              | DEGREE                                  |                         |                      | . DATE SIGNED      |
|                  |               | V2 Maria  | 111/              | - lelm                    | nd           | ATTENDING                               | MEDICAL STA             | FF _                 | 10/13/10           |
| A                | 1             | 22d. PHYSICIAN'S NAME (TYPE O                   | R PRINT)          | 100011                    | 7            | 22e ADDRESS                             | DIRECTOR PHYSIC         | JAN                  | 1 10               |
| MPORTANT:        |               | MAURICE FE                                      |                   | A D                       |              |   | COUNTRY BI              | LVD. BALT            | TO., MD :          |
| MPO              | 122-          |   |                   |                           | AME OF C     | EMETERY OR CREMATORY                    | 234. LOCATION           |                      |                    |
|                  | 230           | BURIAL, CREMATION, REMOVAL<br>SPECIFY) BURIAL   | OCT.14            |                           |              | AHAVAS CHESED                           | RANDAT I                | STOWN BA             | LTO. M             |
|                  | 24 F          | UNERAL DIRECTOR COT                             |                   |                           |              |   | REC'D. BY REGISTRAR     |                      |                    |
| 6 25M<br>4) 1/79 | 1"            | NAME SUL  |                   | N & BROS.                 |              |   | - 4000                  | The state of the     | Manney             |
| 11/9             |               | 6010 REISTERST                                  | OWN RD.           | BALTO.                    | , MD         | 21215                                   | 1 14 1500               |                      |                    |



| 1  | FOR                |                                       |                 |                  | EPART        | STAT<br>MENT OF I            |             | ARYLAN         |               | IYGIEN    | 0 8                |                | 2 4            | 9 5                     | 3                                     |
|--|--------------------|---------------------------------------|-----------------|------------------|--------------|------------------------------|-------------|----------------|---------------|-----------|--------------------|----------------|----------------|-------------------------|---------------------------------------|
| 3, 8   | - STATE<br>REGISTE | AR                                    |                 | MEI              | DICAL        | EXAMIN                       | ER'S C      | ERTIFIC        | CATEO         | F DEA     | TH T               | REG. N         | 0.             |                         | · · · · · · · · · · · · · · · · · · · |
| 0  | 1. DECEASED        | IAW/ME                                | IRST            |                  | WIDDIE       |                              |             | LAST           |               |           | 20. DATE K         | NOWN           | MONTH          | DAY YEAR                |                                       |
| S. S. F.   | (TIPE OR PRINT     |                                       | BERT            | R                | ICHAF        | RD                           | N           | EWMAN          |               |           | OF<br>DEATH        | MATED [        | 10             | 29 198                  | JAM                                   |
| NECESSARY, UNERAL DIRECTOR YOUR FILES. S FOR YOUR 72 HOURS. V, PRESTON STREET. | 3. SEX             | 4. RACE                               | S. DA           | TE OF BIRTH      | YEAR         | 6. AGE (IN YEA               | Y) MONTH    |                | IF UNDER      |           | 20 DATE            | CED            | MONTH          | DAY YEA                 |                                       |
| SARY,<br>AL DIRE<br>YOUR<br>IN 72 H  | MALE               |                                       |                 | 2                | 08           | 72 YR                        | rs.         |                |               |           | DEAD               |                | 10             | 29,98                   | 7 A.M                                 |
| NICESSA<br>S. FOR Y.<br>WITHIN PRESTOR   | 70. BIRTHPLA       | CE (STATE OR                          |                 | TIZEN OF WH      | IAT COUN     | ITRY?                        | 8. MARRI    | ED THE         | VER MARRI     | IED 🗆     |                    |                |                | TY OF DEATH             |                                       |
| PAN S WAY  | VIRGIN             | ILA                                   |                 | .S.A.            |              |                              | WIDOW       |                | DIVORC        |           |                    | TIMOF          |                |                         | MD.                                   |
| 오늘병원는  | 10. CITY OR T      | OWN OF DEATH                          |                 | NOT IN SUCH FAC  |              | RSING HOME<br>TREET ADDRESS) | , OR OTH    | ER INSTITUT    | TION          | FOR A     | AL OCCUP.          | ING LIFE)      | PE OF WORK     | 12b. KIND OF<br>OR INDU |                                       |
| DOS BE FACTOR  | LANSI              |                                       |                 |                  |              | RLESTON                      |             | NUE            |               | MI        | ECHANI             | C              |                | ALUMIN                  | TUM                                   |
| 2, AND 3 TO<br>3. RETAIN PA<br>SHOULD BE PA<br>ALL RECORDS, 3                  | USUAL RESID        | ENCE (IF IN NURSING                   | HOME OR OTHER   | INSTITUTION, GIV |              | OR TOWN                      | (NC         | 13d. INSIDE CI | TY LIMITS?    | 13e. STRI | EET ADDRES         | ss             |                |                         |                                       |
| \$ m 5 m 3 2   | MARY               | AND                                   | BALTIMO         | RE               | LAI          | ISDOWNE                      |             | YES 🗌          | NO 🔯          | 292       | 24 CHA             | RLEST          | CON A          | VENUE,                  | 21227                                 |
| 2030   | 14. FATHER'S       | NAME                                  | MIDDI           | E                |              | LAST                         |             | 15. MOTHE      | R'S MAIDE     | EN NAME   | MI                 | DOLE           |                | LAST                    |                                       |
| 030  | HAI                |                                       | R.              |                  |              | MAN                          |             |                | ADIE          |           |                    |                |                | DAVENPO                 | ORT                                   |
| ON ON  | 160. WAS DEC       | EASED EVER IN U                       | S. ARMED FO     |                  | 16b. SO      | CIAL SECURIT                 | YNO.        | 17. INFORM     |               |           |                    | ADDRESS        |                | E 25 1                  |                                       |
| VISIC  | NO                 |                                       |                 |                  | 16:          | 1-16-82                      | 266         | LILL           | IAN N         | EWMAI     | 1 2924             | CHAI           | RLEST          | ON AVE                  |                                       |
| T. PAGES 1   | 18 CA              | USE OF DEATH (E                       | nter anly ane   | cause per line   | far (a), (b  | ), and (c).)                 | -           |                |               |           | 105050             |                |                | APPROXIM                | ATE INTERVAL                          |
| IN ITEM 18. R ALONG VISIT PERMIT. HYGIENE, D                                   | PA                 |                                       | MEDIATE CAU     |                  | +0           | Cr                           | 1           |                |               |           |                    | 11 17          |                | Top                     | 165                                   |
| A PE   | 14.                | 772                                   | (               | DUE TO, OR       | AS A CON     | NSEQUENCE (                  | OF          |                |               |           |                    |                |                | V                       |                                       |
| IN PENCIL IN L EXAMINER A URIAL-TRANSIT ND MENTAL HY N, OR REMOVAL             | go                 | inditions, if any,<br>ive rise to imm | rediate )       | (b)              |              |                              |             |                |               |           |                    |                |                |                         |                                       |
| RIAL-IRANSII P<br>D MENTAL HYG<br>, OR REMOVAL                                 |                    | use (a) stating the<br>ng cause last. | under-          | DUE TO, OR       | AS A CON     | SEQUENCE (                   | OF          |                |               |           |                    |                |                | 46                      |                                       |
| Y, OR  |                    |                                       |                 | (c)              |              |                              |             |                |               |           |                    |                |                |                         |                                       |
| ATION  |                    | OTNER SIGNIFICANT CON                 | DITIONS CONTRIB | UTING TO DEATH   | BUT NOT RELA | ATEO TO THE TERM             | INAL OISEAS | E OR CONDITION | N GIVEN IN PA | RT 1 (a). |                    |                |                |                         |                                       |
| REW.   | 190. DA            | TE OF OPERATIO                        | N               | 19b. CONDIT      | ION FOR      | WHICH OPER                   | ATION W     | AS PERFOR      | MED?          |           |                    |                |                | 20. AUTOP               | SY?                                   |
| OF HEALTH AND A  | FIC                |                                       |                 |                  |              |                              |             |                |               |           |                    |                |                | YES [                   | ] NO []                               |
| PRIOR TO BURIAL  |                    | TERNAL CAUSE W                        |                 | 21b. TIME OF     |              |                              |             | YAULMI WC      | OCCURRE       | D (ENTER  | NATURE OF INJU     | JRY IN ITEM 18 | B PART 1 OR PA |                         |                                       |
| 23   |                    | RLYING OR<br>RIBUTING CAU             | SE OF DEATH     | HOUR A.M         |              | DAY YEAR                     | 3           |                |               |           |                    |                |                |                         |                                       |
| PRIOR TO   |                    | JURY OCCURRED                         | OF OF PEATIT    | 21a. PLACE C     | OF INJURY    | (AT HOME,                    |             | CATION         |               |           |                    |                |                | N. 1. 1944              | 67.106                                |
|  | ¥ WHILE            | ORK NOT WHI                           | ILE             | STREET, FACT     | ORY, FARM, E | TC.)                         |             | TREET          |               |           | CITY OR TOW        | /N             | cc             | YTAUC                   | STATE                                 |
| 21201 P  |                    |                                       |                 |                  | 9-1-1        | 1.11                         | A.A.:       |                | 1             | D         | la avida           | P.             |                | ninina                  |                                       |
| 9  |                    | . I certify that I taa                |                 | N. A.            |              |                              | Autop       |                | Inspectio     |           | Inquiry            |                | nd in my o     | pinian                  |                                       |
| YLAP   | death              | resulted fram:                        | Natural cau     | ses [            | Accident     | , Su                         | icide       | , Hamid        |               | Undet     | ermined ma         | maer [],       |                |                         |                                       |
| × ×  | ACTU               | a Well                                | MUNA            | man              | 1            |                              |             | TILE (S        | PECIFY)       | 1         |                    | h (50          | DATE           | and No                  | 1/80                                  |
| AFTER DEATH, WITH THE SHITMORE, MARYLAND, 2                                    | SIGNA              | TURE                                  | -               |                  |              |                              | <i>\</i>    | 1.0            |               | MED       | ICAL EXAM          | INEK           | SIGN           | EDI                     | 1                                     |
| N O W  | EXAMI              | NER'S NAME                            | -P. W           | , LLI            | Ams          | ENI                          |             | ADDRESS_       | 555           | 0 61      | 7/76               | NAT            | 1/1            | like VI                 | 228                                   |
| AFTE<br>BALT   | 230 BURIAL C       | REMATION, REMO                        | DVAL 236. DA    | TE               | 23c.         | NAME OF CE                   | METERY C    |                | ÖRY           | 23d. LC   | OCATION<br>OR TOWN |                | COL            | YTAL                    | STATE                                 |
|  | (SPECIFY) BURI     | AL                                    | 10              | -31-80           |              | LORRA                        |             |                |               |           | ODLAW              |                | LTIMO          | ORE :                   | MD.                                   |
|  | 24. FUNERAL        |                                       |                 | ADDRESS          |              |                              | 212         |                | 250. DATE     |           | REGISTRA           | . 9            | RAR'S          | SIGNATURE               | ,                                     |
| 5))  |                    | RD FUNER                              | AT. HOM         |                  |              | 7 WILK                       | ENS A       | VE.            | Ul            | CT 3      | 1 198              | U              | 1              | ymous                   | ony                                   |

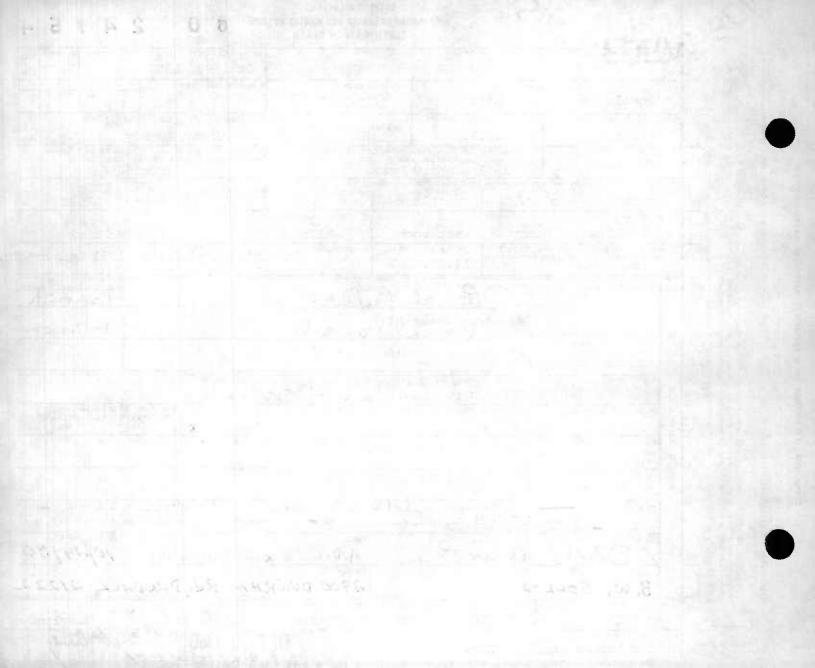


Walter Brooks Bradley, Inc. Dundalk Md

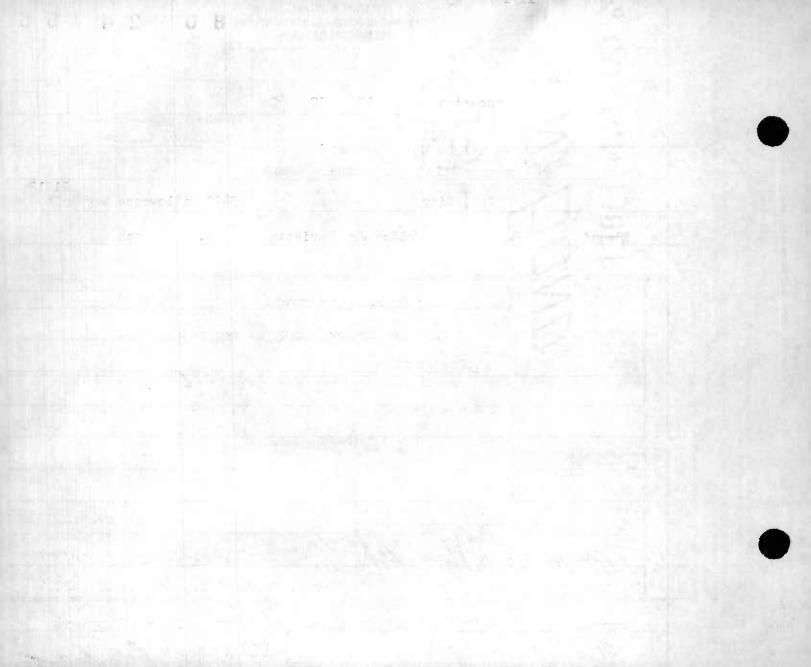
(VRA 15, 4) 1/79

STATE OF MARYLAND

FOR

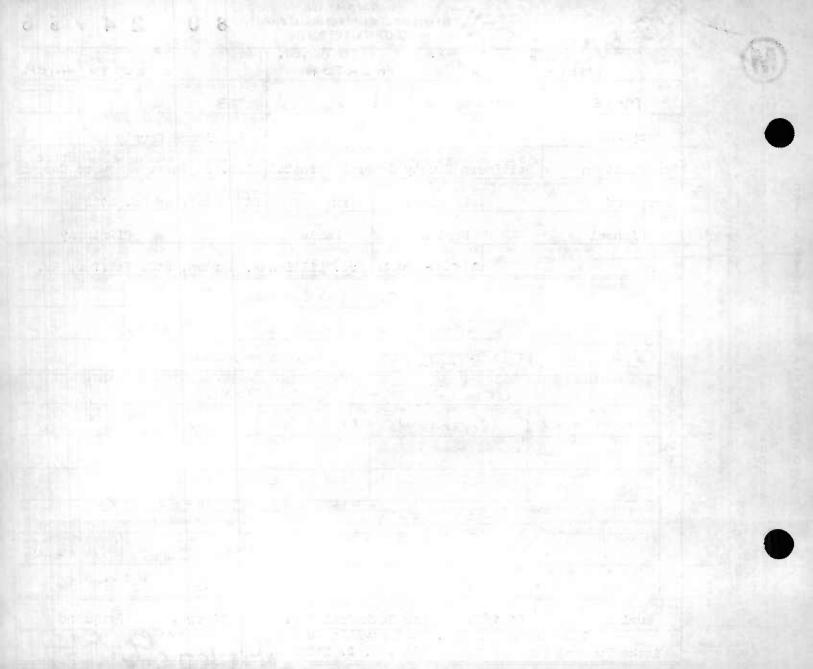


|   | 1.            | FOR<br>- STATE<br>REGISTRAR   | DEPARTA   | STATE OF MARYLAND<br>MENT OF HEALTH AND MENTAL HYG<br>CERTIFICATE OF DEATH | SIENE 8 Q   | 2 4 9  | 5 5            |
|---|---------------|---|---|--|---|--|----------------|
| # 65 E  |               | CEASED NAME FIRST OR PRINT)   | WIDDLE  | LAST   |   | ONTH DAY YEAR  | 2b HOUR        |
| y be  |               | ВОУ   |   | NOLLEY   |   | 0/28/80  | 2:03 pm        |
| 4 may be  | 3 SE          |   | 4 RACE  | S. DATE OF BIRTH   | 6 AGE (IN YEARS LAST BIRTHD                         | MONTHS DAYS  | HOURS MIN.     |
| Poge<br>Mount   |               | Male  | Caucasina   | 10 27 80   |   | YRS.   |                |
| death. Po   | 7ª B          | IRTHPLACE (STATE OR FOREIGN<br>OUNTRY)  | 76. CITHZEN OF WHAT COUNTRY?  | MARRIED NEVER MARRIED WIDOWED DIVORCED                                     | Baltimore city or                                   | 1  | MD.            |
| by the fulled with  | NO C          | Towson  | .   IF NOT IN SUCH FACILITY, GIVE STREET                                  | G HOME OR OTHER INSTITUTION ADDRESS) re Medical Center                     | 120 USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF W |  | OF BUSINESS OR |
| filled in loud be f   | USU<br>13a.   | AL RESIDENCE   IF NURSING HOME OF   | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE<br>NTY 13t. CITY OR TOW<br>City | ADMISSION) 13d. INSIDE CITY LIMITS? YES \( \text{VES} \( \text{NO} \)      | 130 STREET ADDRESS<br>5423 Willo                    | wmere Way B  | 21212<br>Balto |
| mpletely and 2 sho  | 14 F/         | ATHER'S NAME FIRST  Edmond  | MIDDLE LAST NO.1  | 15 MOTHER'S MAIDEN NA<br>FIRST<br>ley Jr Marietta                          | ME MIDDLE R   | Koch   | ST             |
| Poges 1   |               | WAS DECEASED EVER IN U.S. AR<br>YES, NO OR UNKNOWN) JIF YES, GIV                              |   |  | ADDRESS<br>\$                                       |  | 64518          |
| in signed by the offending.<br>Then please remove carbs<br>ir to buriol, cremotion, or a<br>injury, or other troumotic. | NOI           | Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last | due to, or as a conseque  | espiratory distres   |   | ION GIVEN IN PART 1(                                     | 0.1            |
| physicion. ificate has bee introduced has bee introduced has bee introduced hygiene prior in 18 shows ony               | CERTIFICATION | 190 DATE OF OPERATION   |   | OPERATION WAS PERFORMED  | YES 🔀 NO 🗌  | Ob. IF YES, WERE FIND IN<br>N CERTIFYING CAUSES<br>YES 🔀 |                |
| his certificate buriol-transi   | MEDICAL CE    | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.                                     | HOUR A.M. MONTH DA  | 21c. HOW INJURY OCCURI   | RED (ENTER NATURE OF INJURY II                      | N ITEM 18, PART 1 OR PART 2)                             |                |
| ther this<br>os the bu<br>h and M<br>orked or   | MED           | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, F               | ARM, ETC.) 21f. LOCATION<br>STREET   | CITY OR TOWN  | COUNTY   | STATE          |
| CTOR: A<br>l for use<br>. of Heoli<br>n 21 is m   |               | sow the deceased alive on   | ital) attended the deceased from  | 10727 , 19 80<br>80 , and that in (my) (our) opinion                       |   | and hour and from the                                    |                |
| y the ho RAL DIRE detochec tote Dept  |               | Maggard   | ZAHom.  |  | MEDICAL STAFF DIRECTOR PHYSICIA                     | N 🛛 22c. DATE  | /30/80         |
| should be divided by with the Stown MAPORTAN  |               | Margaret L. Dobson, M.D. 21204  |   |  |   |  |                |
| P   | (             | BURIAL, CREMATION, REMOVAL<br>SPECIFY)  Cremation   |   | lame of CEMETERY OR CREMATORY  | 23d LOCATION CITY OR TOWN  Centr Baltimo            | ore, Maryla  | state<br>nd    |
| 16 50M 1/76<br>A 15 (4))  | 24. F         | UNERAL DIRECTOR   | An allowess   | 250. DAT   | CT 31 1980  | REGISTRAR'S SIGNAT                                       | URE TO SEE     |

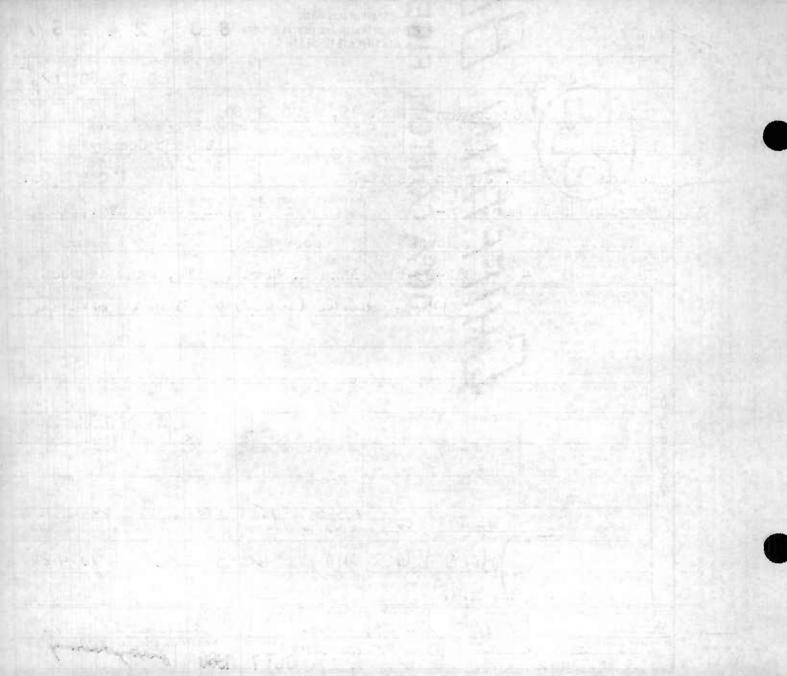


FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST NURTUN. SR. 1. DECEASED NAME FIRST JOSEPH MIDDLE 2e. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) JOSEPH NORTON, 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS **HOURS** MALE CAUCACION 12 06 TO BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland USA Baltimore County WIDOWED . DIVORCED | TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176. KIND OF BUSINESS OR I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore County General Hospital Randallstown Elec. Engineer Revere Copper OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
1130 CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 5139 Stafford Rd. 21229 Baltimore Maryland YES XX NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Michael Norton Marie DiAnthony 17 INFORMANT 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 215-10-0621 Mrs. Lillian A. Norton, 5139 Stafford Rd. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 CARDIO - PULMONARY ARREST DUE TO, OR AS A CONSEQUENCE OF ARTERIO-SCLEROTIC HEART DISEASE Conditions, if any, which gave rise to immediate Cenelero-Vascular Accident cause 10), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Q LERINARY TRACT CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 110) vulus 10-17-80 NODE YES | NO DX 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 10 - 15-220.1 certify that (1) (this hospital) attended the deceased from\_ 10-28-1080 saw the deceosed alive an obove. (I) (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING FUNERAL 10-28-80 PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S counts ben, to thistage 23a BURIAL CREMATION, REMOVAL 23b, DATE 23: NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore. Burial 11/1/80 New Cathedral Cem. 24 FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250. DATE REC'D. BY REGISTRAR 250. RECOTRAR'S SIGNATURE DHMH-16 25M Witzke Funeral Home of Catonsville, P. S. 21228 OCT (VRA 15, 4) 1/79

STATE OF MARYLAND



|   | 7   | 7   | 1 -           | FOR<br>STATE<br>REGISTRAR  |   | DEPARTMENT OF H                   | OF MARYLAND<br>EALTH AND MENTAL HYO<br>ICATE OF DEATH | GIENE 8 0                                      | 2 4                           | 4 9                       | 5 7                             |
|---|---|-----|---------------|--|---|-----------------------------------|---|--|-------------------------------|---------------------------|---------------------------------|
|   | 1   | 150 |               | EASED NAME FIRST   | MIDDLE  | L.                                | AST   | 2a. DATE OF DEATH                              | MONTH DAY                     | YEAR 2b                   | HOUR ()                         |
|   | ae 3  | N.  | (TYPE         | Jose   | oh  | No                                | vak   |  | 10 3                          | 80                        | 170 M                           |
| Bay   | ectar, page 3<br>rs after death   | 9.0 | 3 SEX         |  | 4 RACE  | 5. DATE O                         |   | 6. AGE (IN YEARS LAST BIRT                     | HDAY) IF UN                   |                           | UNDER 24 HRS                    |
| 9<br>4  | rs af   |     | N             | ale  | Cuacasia  | n Mar.                            |   | 80   | YRS                           | HS DAYS H                 | OURS MIN.                       |
| P. P.   | hou :   | 50  | 7a. Bli       | THPLACE (STATE OR FOREIGN OUNTRY)  | 76. CITIZEN OF WHAT C                                   |                                   | NEVER MARRIED   | 9 BALTIMORE CITY O                             | R COUNTY OF                   | DEATH                     |                                 |
| eoth  | in 72   | 55  |               | aryland  | USA   | WIDOWE                            | _   | Baltimo:                                       | re Cou                        | nty                       | MD.                             |
| ie.   | with<br>With  | 11  | 10. CI        | Y OR TOWN OF DEATH   | 11. NAME OF HOSPITA<br>(IF NOT IN SUCH FACILITY         | AL, NURSING HOME O                | ROTHER INSTITUTION                                    | 12a USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST O |                               | 2b. KIND OF B             | USINESS OR                      |
| 201   | file<br>file  | DX  |               | 'owson   | St. Josep   | h Hospita                         | al  |  |                               | G & I                     | E Co.                           |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physicion. | filled in hould be  | 35  | 13a. S        | aryland Balt   | other institution, give resil<br>NTY 134. CIT<br>Cimore | DENCE BEFORE ADMISSION) Y OR TOWN | 13d. INSIDE CITY LIMITS?                              | 13. SIREET ADDRESS<br>2711 Sec                 | cond A                        | ve.,2                     | 1234                            |
| MARY1   | ond 2 sh  | 130 | I4 FA         | THER'S NAME Mathew   | MIDDLE  | ovak                              | Joseph  | MIDDLE   |                               | Mares                     | sh                              |
| RE, A   | 0   | _   |               | AS DECEASED EVER IN U.S. AR  | MED FORCES? 166 SO                                      | CIAL SECURITY NO.                 | 17. INFORMANT   | ADDRE  | SS                            |                           |                                 |
| TIMO<br>be ex   | s. Poges  | 1   |               | (IF YES, GIV   | e war or dates) 212                                     | -05-6146                          | Anna R. No  | vak, wife                                      | same                          |                           |                                 |
| T., BAL   | physicio<br>on popers<br>emavol.  |     |               | 18 CAUSE OF DEATH (Enter or<br>PART I. DEATH WAS CAUSE<br>IMMEDIA                                | nly one couse per line for<br>D BY:<br>TE CAUSE (o)     | (a), (b), and (c).) Here sel      | natic lorde   | io Vusenta De                                  | suice                         | APPROXIMAT<br>BETWEEN ONS |                                 |
| ESTON S<br>death cer  | 0) 0 2  |     |               | 4292   | DUE TO, OR AS A C                                       | CONSEQUENCE OF                    | Me with the   |  |                               |                           |                                 |
| . PRES  | ed by the ottendin<br>please remove carb<br>riol, cremation, or<br>or other troumatic |     |               | Conditions, if ony, which gove rise to immediate cause (a), stating the                          | (b)<br>DUE TO, OR AS A C                                | CONSEQUENCE OF                    |   |  |                               |                           |                                 |
| that  | d by<br>lease<br>iol, cr  |     |               | underlying cause last.   | (c)   |                                   |   |  |                               |                           |                                 |
| NDS, 2  | Then p<br>to bur<br>njury, o  |     | N O           | PART 2. OTHER SIGNIFICANT  | CONDITIONS CONTRIBL                                     | JTING TO DEATH BUT                | NOT RELATED TO THE TERM                               | AINAL DISEASE OR CON                           | OITION GIVEN !                | N PART 1(0)               |                                 |
| AL RECOR  | te has beer<br>sit permit.<br>giene priar<br>shows ony i                              | 2   | CERTIFICATION | 9a DATE OF OPERATION   | 196. CONDITION FO                                       | OR WHICH OPERATION                | N WAS PERFORMED                                       | 20a AUTOPSY?                                   | 20b. IF YES, WE IN CERTIFYING | G CAUSES OF               | S USED<br>DEATH?                |
| N OF VITA   | is certificate burial-tronsit Mental Hygie  | 9   | _             | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  | HOUR A.M. MC  | ONTH DAY YEAR                     | 21c. HOW INJURY OCCUR                                 | RED (ENTER NATURE OF INJUR                     | Y IN ITEM 18 PART 1           | OR PART 2)                |                                 |
| IVISION JO PHYS   | After this e os the bu  |     | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | (AT HOME, STREET, FACTO                                 | ORY, OFFICE, FARM, ETC.)          | 211 LOCATION<br>STREET                                | CITY OR TO                                     | VN                            | COUNTY                    | STATE                           |
| TTENDIE or  | for us<br>of He   |     |               | 220.1 certify that (1) (this haspi<br>sow the deceased alive on<br>above, (4) (we) (did) (did no |   |                                   | 10 - 16, 19 75<br>d that in (my) (**) opinion         | , to 10 4 2 death occurred on the do           | te and hour and               |                           | it (I) (we) lost<br>uses stated |
| AL OR A   | AL DIRECTOR Details of The Dept. of The Dept. of The Dept.                            |     | tu.           | 22b. SIGNATURE   | ( John c  |                                   | ATTENDING PHYSICIAN                                   | MEDICAL STAP                                   | F<br>IAN 🗌                    | 22c. DATE SIC             | 4-80                            |
| HOSPIT  | TO FUNERAL I<br>should be deto<br>with the State I                                    | 1   |               | John C.  | Hyle, M.D.  | . 0                               | 7527 Be   | lair Road                                      |                               |                           |                                 |
| 000   |   |     | Βί            | URIAL, CREMATION, REMOVAL<br>PECIFY)<br>L'PLAT   | 10/7/80   | Parkwo                            | emetery or crematory od Cem.                          | 23d LOCATION CITY OF IBWN 1                    | timore                        | UNTY                      | Md. STATE                       |
|   | 16 30M 2/80<br>A 15, 4)   |     | 24 FL         | Schimunek l  | Tuneral   | 3331 Bre                          | hms Lan e <sup>25a DA1</sup>                          | re rec'd. By registrar                         | 25b. BEELSTRAR                | Nach W                    | y                               |
|   |   |     |               | Home, Inc.   |   | Dally N                           | U.C.ICIDIUUI  | 1000   |                               |                           |                                 |



STATE OF MARYLAND

| 1 - STATE<br>REGISTRAR                           |                 |  | DEPARTA   |            | ALTH AND             | MENTAL HYG<br>DEATH          | IENE 8     | REG. NO                            | 2       | 4 9                     | 5 8                               |
|--|-----------------|--|---|------------|----------------------|------------------------------|------------|------------------------------------|---------|-------------------------|-----------------------------------|
| 1. DECEASED NAME                                 | FIRST           | MI   | IDDLE   | LA         | 16                   |                              | 20. DATE   | OF DEATH A                         | ONTH DA | Y YEAR                  | 26 HOUR                           |
| (100 200 000)                                    | Marion          | ı Fı   | rancis  | NU         | LL                   |                              | Oct        | tober 1                            | 1980    |                         | 1:15                              |
| 3. SEX   |                 | 4. RACE                                      |   | 5. DATE OF |                      |                              |            | N YEARS LAST BIRTH                 | DAY) IF | UNDER I YEAR            |                                   |
| Male   |                 | White  | 3   | MONTH<br>6 | 6                    | 05                           | 75         |                                    | YRS.    | INTHS DAYS              | HOURS MIN                         |
| 7a. BIRTHPLACE (STATE                            | ORFOREIGN       | 76. CITIZEN OF W                             | HAT COUNTRY?  | B.         | □ NEVER              | MARRIED -                    | 9. BALTIN  | ORE CITY OR                        | COUNTY  | F DEATH                 |                                   |
| W. Virgini                                       | a               | U.S.A  | ١.  | WIDOWED    |                      | VORCED                       | Bal        | ltimore                            | Count   | v                       | N                                 |
| Baltimore  |                 | NOT IN SUCH                                  | OSPITAL, NURSIN<br>FACILITY, GIVE STREET /<br>In Square | ADDRESS)   |                      | TITUTION                     | (TYPE OF W | OCCUPATION ORK FOR MOST OF CPENTER |         | 126. KIND (<br>INDUSTRY | OF BUSINESS O                     |
| USUAL RESIDENCE (IF) 130. STATE  Maryland        | NURSING HOME OR | 1TY  | Glen Bur  | N          | 13d INSIDE C         | ITY LIMITS?                  |            | The lma                            | Ave.    | Glen                    | Burnie                            |
| 14 FATHER'S NAME FIRST Emory                     |                 | MIDDLE J.                                    | Nu11  |            |                      | S MAIDEN NA:<br>FIRST<br>1ta |            | MIDDLE                             |         | LA                      |                                   |
| 160 WAS DECEASED EY<br>(YES, NO OR UNKNOWN<br>NO |                 | MED FORCES?<br>E WAR OR DATES)               | 166. SOCIAL SECU<br>236-18-5                            |            | 17. INFORMA<br>Harle | y Null                       | 277        | ADDRES The 1ma                     |         | Glen 1                  | Burnie                            |
| 18 CAUSE OF DE<br>PART 1. DEATE                  | H WAS CAUSE     | ly ane cause per li<br>D BY:<br>E C AUSE (a) | ne far (a), (b), and<br>Cardiopu                        |            | ry Arr               | est                          | Ę          |                                    |         | BETWEEN                 | (MATE INTERVAL<br>ONSET AND DEATH |
| Canditians, if                                   |                 | DUE TO, OR                                   | as a conseque Carcinon                                  |            | the lu               | ng                           | 5          |                                    |         | 1                       |                                   |

cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOW YES NO [ 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

276. I certify that (I) (this haspital) attended the deceased from,

saw the deceased alive an

P.M

21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

80

19

October

21f. LOCATION

· 80

ATTENDING

PHYSICIAN

CITY OF TOWN

(aur) apinian death accurred an the date and haur and fram the causes stated

October

COUNTY

STATE

MEDICAL

224 PHYSICIAN'S NAME (TYPE OF PRINT)

Peter J. Stahl, M.D.

10/4/80

22e. ADDRESS

DIRECTOR PHYSICIAN

10/1/80

21237

22c. DATE SIGNED

DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Buria1

Hubbard Funeral Home, 4107 Wilkens Ave.

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DEGREE

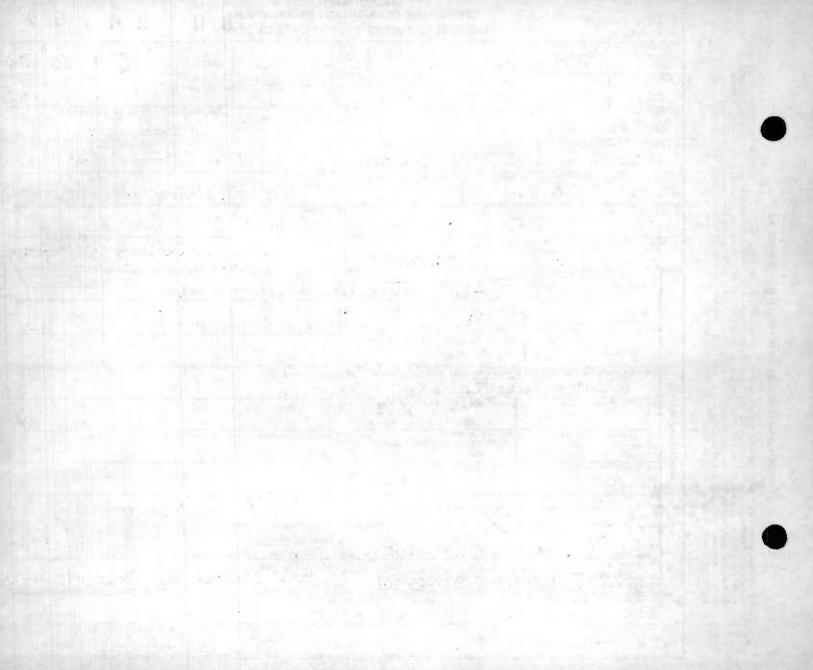
9000 Franklin Square Drive 23d LOCATION Glen Burnie

MEDICAL

250. DATE REC'D. BY REGISTRAR 256. RES

1980

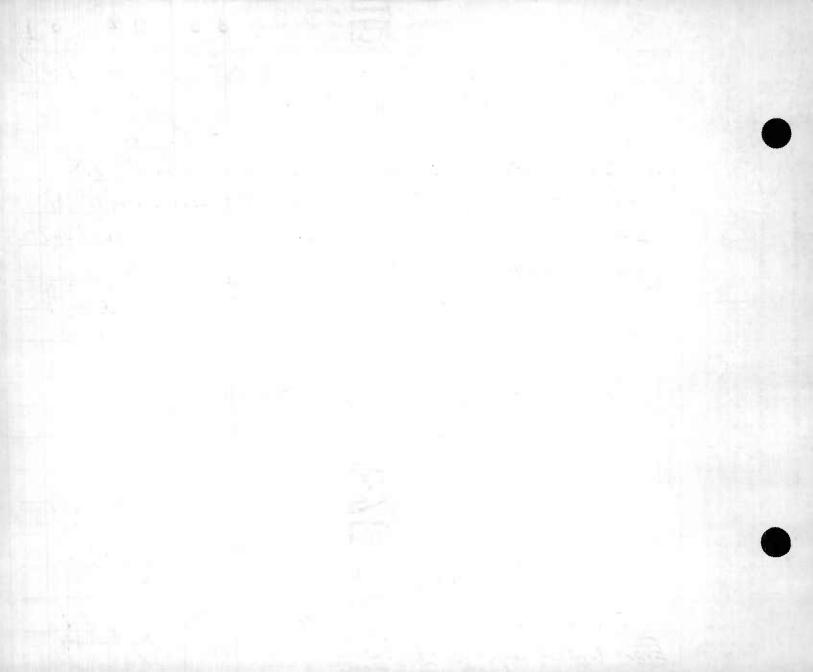




|  |               |                    |  |                        | STA   | TE OF MARYLA           | AND                     |   |                    |              |             |
|--|---------------|--------------------|--|------------------------|---|------------------------|-------------------------|---|--------------------|--------------|-------------|
| 2  | 1,            | FOR                |  | DEF                    | PARTMENT OF                                 | HEALTH AND             | MENTAL HYGI             | ENE ()  | 2 4                | 96           | n           |
| 4  | 11-           | STATE<br>REGISTRAR |  | MEDIC                  | CAL EXAMIN                                  | ER'S CERTIF            | ICATE OF D              | EATH DEC                                      | NO.                | , 0          | 0           |
|  | I DE          | CEASED NAME        | FIRST                                    |                        | DDLE  | LAST                   |                         |   |                    | DAY YEAR     | 2b HOUR     |
|  |               | E OR PRINT)        | T - less                                 |                        |   | an arraled             | JR.                     | 20. DATE KNOWN<br>OF ESTI-                    |                    |              | ZB HOOK     |
| OR DR ET,  |               |                    | John                                     | E                      |   | lszewski               |                         | DEATH MATED                                   | 10                 | 5 1980       | M           |
| LEASE<br>CTOR<br>FILES.<br>FOURS   | 3. SE         | X 4.               | RACE S.                                  | DATE OF BIRTH          | 6. AGE (IN YE<br>YEAR LAST BIRTHD           |                        |                         |   | MONTH              | DAY YEAR     | 2d PMJR     |
| ON ST  |               | male v             | white                                    | 01.001                 | -4 56 YI                                    |                        | HOURS MIN               | PRONOUNCED<br>DEAD                            | 10                 | 5 1980       | 11:07       |
| A Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z  | 70 B          | IRTHPLACE (STAT    | TE OR 7b                                 | CITIZEN OF WHAT        |   |                        |                         | 9. BALTIMORE CIT                              |                    |              | 111.00      |
| NECESSAR<br>FUNERAL<br>S FOR YOUR MAN PRESION  | F             | DREIGH COUNTRY)    | ST SEE                                   | USA                    |   |                        | VEVER MARRIED           |   |                    |              |             |
| A STATE OF THE STA | 4             | MD                 |  |                        |   | WIDOWED [              | DIVORCED                | 202020  |                    |              | MD.         |
| Y IS<br>THE<br>SILED   | 10. C         | ITY OR TOWN O      | F DEATH                                  |                        | AL, NURSING HOME<br>Y, GIVE STREET ADDRESS) | OR OTHER INSTIT        |                         | USUAL OCCUPATION<br>FOR MOST OF WORKING LIFE) | (TYPE OF WORK      | OR INDUSTI   | RY          |
| 4 4 4 4 4 1  | Ra            | andallst           | own 1                                    |                        | County Ge                                   | eneral Ho              |                         |   |                    | WINNER       | DIST        |
| . FANY DEL<br>2. AND 3 TO<br>3. RETAIN P<br>SHOULD BE<br>I. RECORDS,   | USU           | AL RESIDENCE (IF   | IN NURSING HOME OR OT                    |                        |   | ON)                    |                         |   |                    | 7            | 7,034       |
| T201 ANY DE AND 3 TRETAIN DE RETAIN DE RECORD BECORD   | [ 13a. S      | TATE               | 136. COUNTY                              |                        | CITY OR TOWN                                |                        |                         | STREET ADDRESS                                | Mari               | 10.01        |             |
| F AND<br>SHOUL<br>RECO   | /             | MD                 | BAL                                      | -10                    | DUNDAL                                      |                        |                         | 1321  | HOLA               | BIRD         |             |
| 5 T 2 4  | 14. F         | ATHER'S NAME       | N  | IDDLE                  | LAST  | 15. MOT                | HER'S MAIDEN NA         | AME   |                    | LAST         |             |
|  |               | TOHN               | B, 04                                    | SZEWSK.                | 51  | 7                      | HEI                     | EN  | - (                | UNK          |             |
| MORE, PAGE PAGE FORM   |               | WAS DECEASED       | EVER IN U.S. ARMED                       | FORCES?                | 66. SOCIAL SECURIT                          | Y NO. 17. INFO         | RMANT                   | ADDR  | ESS                | U.S. C.      |             |
| BALTIMORE, URS AFTER DE B. GIVE PAGE W. GIVE PAGES 1 AN DIVISION OF  | (             | ES, NO. OR UNKNOW  | 111                                      | *****                  | 218 18 77                                   | 79 00                  | LORES                   | OLSZE   | W SKI              | D.F          | BOVE        |
| ALT<br>S A<br>G G IV<br>ITTH   |               |                    | Mu                                       |                        |   | 1 00                   | 251/23                  | VLJZL   | 0 0117             |              |             |
| 200 [  | 9 4           | 18 CAUSE OF        | DEATH (Enter only of<br>TH WAS CAUSED BY | ne couse per line for  | (a), (b), and (c).)                         |                        | d 1 .                   |   |                    | BETWEEN ONSE | T AND DEATH |
| TON ST., N 24 HOU I ITEM 18 ALONG N PERMIT   |               | PARTIDEA           | IMMEDIATE C                              | AUSE (a)               | erioscier                                   | otic card              | lovascul                | ar disease                                    |                    |              |             |
|  |               | 42                 | 72                                       |                        | A CONSEQUENCE                               | OF                     |                         |   |                    |              |             |
| W. PREST D WITHIN ENCIL IN AMINER TRANSIT ENTAL HY REMOVA  |               | Conditions         | , if ony, which                          |                        |   |                        |                         |   |                    |              |             |
| W. PRI<br>D. WITH<br>ENCH<br>F.TRAN<br>ENTAL<br>REMO   |               |                    | ta immediate                             | (b)                    | A CONICEOUTNICE                             | 0.5                    |                         |   |                    |              |             |
| OT W. PRE: UTED WITH N PENCIL EXAMINER RIAL-TRANS MENTAL MENTAL OR REMOVE  |               | lying cause        | toting the <u>under</u> -                | DUE TO, OR AS          | A CONSEQUENCE                               | OF.                    |                         |   |                    |              |             |
| S, 301 W. PREST<br>FECUTED WITHIN<br>T. N. PENCIL IN<br>AL EXAMINER<br>BURIAL-TRANSIT<br>IND MENTAL HY   |               |                    |  | (c)                    |   |                        |                         |   |                    |              |             |
| IL RECORDS, 30  ULID BE EXECUT  "PENDING" IN  SED AS A BURIX  F. HEALTH AND /  C. REMATTION, O   |               | PART 2 OTNER SIGN  | HEICANT CONDITIONS CON                   | TRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM                     | INAL DISEASE OR CONDIT | TION GIVEN IN PART 1 to | 1),   |                    |              |             |
| ECORDS  BE EX  NEDIC  AS A I  ALTH A  EMATIO   | Z             |                    |  |                        |   |                        |                         |   |                    |              |             |
| S CERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE EXERTIFICATE SHOULD BE USED AS A BUE DEPARTMENT OF HEATTH AND PRIORTO BURIAL, CREMATION  | CERTIFICATION | 19a DATE OF C      | PERATION                                 | 19h. CONDITIO          | N FOR WHICH OPER                            | ATION WAS PERFO        | ORMED?                  |   |                    | 20. AUTOPSY  | ?           |
| TAL REPOULD NOULD RD "PEI CHIEF / CHIE | / 2           |                    |  |                        |   |                        |                         |   |                    | YES X        | 🖂           |
| VITA<br>SHC<br>ORD<br>ORD<br>VITOR<br>RIAL,  | 1 E           |                    | CALICENAL                                | 201 71115 05 111       | NI TENE                                     |                        |                         |   |                    |              | NO []       |
| ATE WENE   |               | 214 EXTERNAL       | -  | HOUR A.M. M            | JURY<br>ONTH DAY YEAI                       |                        | RY OCCURRED (E)         | NTER NATURE OF INJURY IN ITE                  | A 1B PART 1 OR PAR | (T 2)        |             |
| Z DIHICOLO   | 1 3           |                    | G CAUSE OF DEA                           | TH P.M.                | 19  |                        |                         |   |                    |              |             |
| DIVISION OF VIT HIS CERTIFICATE SH WRITING THE WOR VARDED TO THE C AGE 3 SHOULD BE ATE DEPARTMENT ( 201 PRIOR/TO BURIA   | MEDICAL       | 21d. INJURY OC     | CURRED                                   |                        | NJURY (AT HOME,                             | 21f. LOCATION          |                         | Secretary of                                  |                    |              | 41/04       |
| S CE<br>SITIN<br>SDEE<br>S DEE   | X             | WHILE AT WORK      | NOT WHILE                                | STREET, FACTORY        | , FARM, ETC.)                               | STREET                 |                         | CITY OR TOWN                                  | cou                | INTY         | STATE       |
| A A A A A A A A A A A A A A A A A A A  |               | AT WORK            | AT WORK                                  |                        |   |                        |                         |   |                    |              |             |
| NTE, ORV   |               | 22a. I certify     | that I took charge o                     | f the remains describ  | ed obave, held on                           | Autopsy XX             | Inspection              | , Inquiry ,                                   | ond in my op       | inion        |             |
| N S T O H O  |               | death resulted     | d fram: Notural                          | GUISES AC              | cident Su                                   | icide Hor              | micide . U              | ndetermined monner                            | 7.                 |              |             |
| EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE (ARYLAND, 2)   |               | 40011110301100     | -4-                                      | ALAA                   |   |                        | (SPECIFY)               |   |                    |              |             |
| IL EXAMINER: THE CERTIFICATE OULD BE FOR ALDIRECTOR: H, WITH THE S   |               | ACTUAL             | #1                                       | mis                    | and and                                     |                        | gigtant                 |   | DATE               | 10/6/8       | 30          |
| ATH ATH  | 7             | SIGNATURE_         | 1  | -                      | -   | M.D                    | 0 2 0 0 0 1 1 0         | MEDICAL EXAMINER                              | SIGNE              | D            |             |
| MEDIC<br>CUTE TI<br>SE 4 SF<br>FUNER<br>FR DEA   | 1             | EXAMINER'S N       | AME                                      | ~                      |   |                        |                         |   |                    | _            |             |
| SE SE  | 1             | (TYPE OR PRIN      | Horme                                    | z R. Guar              | d,M,D,                                      | ADDRESS                |                         |   | Balto.M            | AD .         |             |
| TO MEDICAL E) PAGE A SHOUL TO FUNERAL DI AAFTER DEATH, V BATTIMORE, MA   | 23a.          | BURIAL, CREMATI    | ON, REMOVAL 236.                         | DATE /                 | 23c. NAME OF CE                             | METERY OR CREMA        | ATORY 23                | d. LOCATION<br>CITY OR TOWN                   | COUN               | NTY <        | STATE       |
|  |               | BUI                | 8141 1                                   | 0/9/20                 | HOLY  | ROSAR                  | 1                       | BALTO.  | MC                 |              |             |
| 120/BP   | 24.           | UNERAL DIRECT      | OR ·                                     | 1.0                    |   |                        | 250. DATE REC'I         |   | REGISTRAR'S S      | IGNATURE     |             |
| DHMH - 17<br>(VR A15 ME (5))   |               | NAME               |  | ADDRESS                |   |                        | OCT                     | 1 0 1000                                      | 0.                 | ,            |             |
| 15M 7/76   | 1             | .b. coi            | NNELLY                                   | 300                    | MAC   | 1                      | OCT                     | 1 6 1980                                      | Minton.            | Ara A        |             |

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|-----------------------|-----------------|------------------|-------------|--------|
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| d as well be a first  | in property in  | en S gan S escal |             | S some |
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| Wert Architecture     |                 |                  |             |        |
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|                       |                 |                  |             | 9      |
|                       | Joint Committee | A ADMI           |             |        |
| Section of the second | nmer dist       | , I U            | .F anemo .E |        |
|                       | 200             |                  |             |        |
| 1980 2 200            | 21730 BLIS      | AND THE OWNER    |             |        |

STATE OF MARYLAND

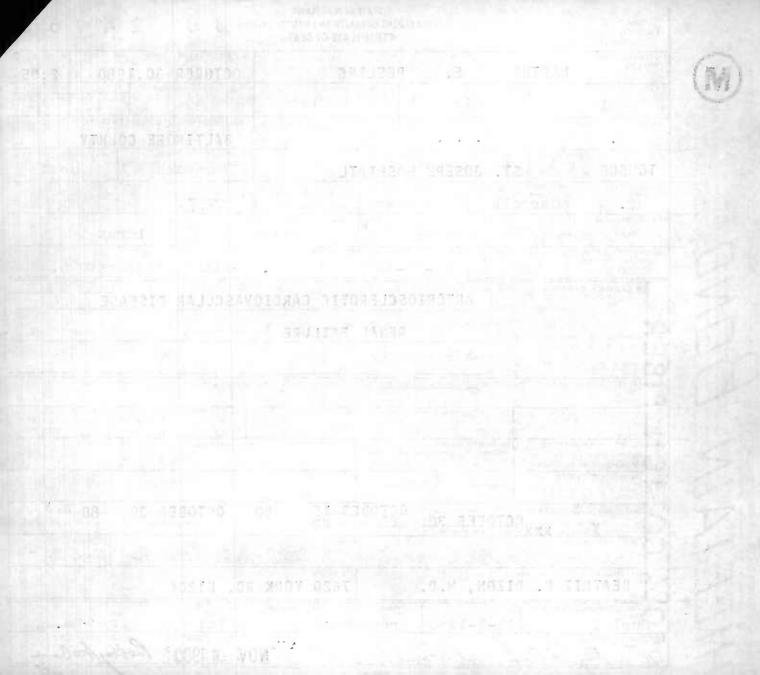


|  | RE   | ATE<br>GISTRAR   |  |  | CERTIF                                       | ICATE OF DEATH   | REG. N   | 10   |  |                  |
|--|--|--|--|--|--|--|--|--|--|------------------|
|  |  | SED NAME FIRST   |  | MIDDLE   | 1  | AST  | 26. DATE OF DEATH  |  | DAY YEAR   | 26 H             |
|  | (TYPE OR P   | PATTO  | I. Laura   |  |  |  | OCTOBER 3.   | 1980   |  | 6.               |
| 3.   | . SEX  | 100 di ili sita dia 67 di  | 4. RACE  | •  | 5. DATE C                                    |  | 6. AGE (IN YEARS LAST BI   |  | IF UNDER I YEAR  | IF UN            |
|  | निर्म  | EMALE  | WHITE  |  | WERR   | UARY 15. 1894  | 86   |  | MONTHS DAYS  | HOU              |
| 7  | a. BIRTH   | PLACE (STATE OR FOREIGN  | 111111111111111111   | WHAT COUNTRY?  | 8.   | _  | 9 BALTIMORE CITY   | YRS.   | Y OF DEATH   | 1                |
| 23   | TOUN   | GINIA  | U.S.A.   |  | MARRIE                                       | D NEVER MARRIED  | BALTIMORE  |  |  |                  |
| 1  |  | OR TOWN OF DEATH   |  |  | WIDOWE                                       | DR OTHER INSTITUTION   | 12a USUAL OCCUPAT  |  | 126. KIND (  | OF BIL           |
| 23   |  | T HOWARD   | V.A. M   | TEDICAL CE   | ADDRESS)                                     |  | NURSE NURSE  |  |  |                  |
| 83   | JSUAL RI<br>30. STAT   | ESIDENCE (IF NURSING HOMES   | OR OTHER INSTITUTION   | N, GIVE RESIDENCE BEFORE   |  | 13d INSIDE CITY LIMITS?  | 13e. STREET ADDRESS  |  |  |                  |
| 33   | VIR  |  | RFAX   |  |  | YES NO   |  | TIVE   | AVENUE   |                  |
| P 14   | FATHE  | R'S NAME<br>FIRST  | MIDDLE   | LAST   |  | 15. MOTHER'S MAIDEN NA   | ME   |  |  |                  |
| 28   |  | JAMES  | R.   | SPEIGHT  | 7  | FRANCES  | WIDDLE   |  | HICKS  | S                |
|  |  | DECEASED EVER IN U.S. A  |  | 16b. SOCIAL SECU   | JRITY NO.                                    | 17 INFORMANT   | ADDR   | ESS  |  |                  |
| 3  | (YES, N  | YES (IF YES, G   | E WAR OR DATES)  | 217 30 2   | 419  | CLINICAL REC   | ORDS, VAMC,  | FORT   | HOWAR  | 0,               |
|  | 18   | CAUSE OF DEATH (Enter of   | nly ane couse pe   | er line for (a), (b), an   | id (c).)                                     |  |  |  | BETWEEN  | XIMATE<br>LONSET |
| - 1  |  | PART I. DEATH WAS CAUS   |  | EPSIS  |  |  |  |  | TWO V  |                  |
|  |  | 590D   |  |  |  |  |  |  |  |                  |
|  |  | 0//0   | DUE TO, C  | RINARY TH  | ACT T  | NEECOTON   |  |  |  |                  |
| 1  |  | anditions, if any, which   | (b)  | TITINGET TH  | MOT T  | TAT. THO T T OTA   |  |  |  |                  |
|  |  |  |  |  |  |  |  |  | -  |                  |
|  | ca   | iuse (0), stating the  | DUE TO, C  | OR AS A CONSEQUE   | ENCE OF                                      |  |  |  | 100  |                  |
|  | ca   |  | DUE TO, C  | DR AS A CONSEQUE   | ENCE OF                                      |  |  |  |  |                  |
|  | ca<br>un<br>PAI  | iuse (0), stating the nderlying couse lost.  | (c)_   |  |  | NOT RELATED TO THE TERM  | INAL DISEASE OR CON  | IDITION GIV  | VEN IN PART 1  | (01              |
|  | ca<br>un<br>PAI  | iuse (0), stating the nderlying couse lost.  |  |  |  | NOT RELATED TO THE TERM  | INAL DISEASE OR CON  | IDITION GIV  | VEN IN PART 1  | (01              |
|  | ca<br>un<br>PAI  | nuse (a), stating the aderlying cause last.  RT 2. OTHER SIGNIFICANT   | CONDITIONS C   | CONTRIBUTING TO (  | DEATH BUT                                    | NOT RELATED TO THE TERM  | INAL DISEASE OR CON  | 20b. IF YES  | S, WERE FINDI  | NG5              |
|  | ca<br>un<br>PAI  | use (a), stating the identying cause last.  RT 2. OTHER SIGNIFICANT SEIZURE DISOI  | CONDITIONS C   | CONTRIBUTING TO (  | DEATH BUT                                    |  | 20a AUTOPSY?   | 20b. IF YES  | S, WERE FINDI  | NGS<br>S OF D    |
|  | ca<br>un<br>PAI  | nuse (o), stating the iderlying couse lost.  RT 2. OTHER SIGNIFICANT  SEIZURE DISOI  DATE OF OPERATION   | CONDITIONS C<br>RDER   | CONTRIBUTING TO D  | DEATH BUT                                    | N WAS PERFORMED  | 200 AUTOPSY?   | 20b. IF YES<br>IN CERTIF<br>YE   | S, WERE FINDI<br>FYING CAUSES  | NGS<br>S OF D    |
| Andrew Grant Strategy of the Control | PAI 19a.   | use (a), stating the identying cause last.  RT 2. OTHER SIGNIFICANT SEIZURE DISOI  | CONDITIONS CROSS CONDITIONS CONDI | CONTRIBUTING TO (  | DEATH BUT                                    |  | 200 AUTOPSY?   | 20b. IF YES<br>IN CERTIF<br>YE   | S, WERE FINDI<br>FYING CAUSES  | NGS<br>S OF E    |
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| 9  | PAI PIO PIO PIO PIO PIO PIO PIO PIO PIO PI   | INSECTION OF THE PROPERTY OF T | CONDITIONS C<br>RDER  19b. COND  19b. COND  HOUR A  P  21b. TIME C HOUR A  P  21c. PLACE   | ONTRIBUTING TO DESCRIPTION FOR WHICH   | DEATH BUT OPERATIO  AY YEAR 19               | N WAS PERFORMED  | 200 AUTOPSY?   | 20b. IF YES<br>IN CERTIF<br>YE<br>IRY IN ITEM 18, F  | S, WERE FINDI<br>FYING CAUSES  | NGS<br>S OF I    |
| 99   | PAI  | inse (o), stating the inderlying couse lost.  RT 2. OTHER SIGNIFICANT SEIZURE DISON  DATE OF OPERATION  ACCIDENT WAS UNDERLYING [ CONTRIBUTING   CAUSE OF DE FEITHER NOTIFY MEDICAL EXAMINE  | CONDITIONS C<br>RDER  19b. COND  19b. COND  HOUR A  P  21b. TIME C HOUR A  P  21c. PLACE   | ONTRIBUTING TO (  DITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  OF INJURY  | DEATH BUT OPERATIO  AY YEAR 19               | N WAS PERFORMED  21c. HOW INJURY OCCUR!  | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU   | 20b. IF YES<br>IN CERTIF<br>YE<br>IRY IN ITEM 18, F  | S, WERE FINDI<br>SYING CAUSES<br>ES PART 1 OR PART 2)                      | NGS<br>S OF D    |
| 9  | WEDICAL CERTIFICATION  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A  | INJURY OCCURRED  Inderlying couse lost.  RT 2. OTHER SIGNIFICANT  SEIZURE DISON  DATE OF OPERATION  ACCIDENT WAS UNDERLYING [ CONTRIBUTING CAUSE OF DE  FETHER, NOTIFY MEDICAL EXAMINE  HILE  WORK NOT WHILE  AT WORK  | (c)  | ONTRIBUTING TO LOCATION FOR WHICH  OF INJURY  A.M. MONTH D.  OF INJURY  OF INJURY  TREET, FACTORY, OFFICE, F   | OPERATIO  AY YEAR  19  FARM, ETC             | 21c. HOW INJURY OCCURP<br>21f. LOCATION<br>STREET  | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU   | 20b. IF YES IN CERTIF YE RY IN ITEM 18. F  | S, WERE FINDI<br>SYING CAUSES<br>ES PART 1 OR PART 2)                      | NGS<br>S OF I    |
| is marked or nem to shows any injury.  | WEDICAL CERTIFICATION  ALL  ALL  ALL  ALL  ALL  ALL  ALL  A  | INJURY OCCURRED  Inderlying couse lost.  RT 2. OTHER SIGNIFICANT  SEIZURE DISON  DATE OF OPERATION  ACCIDENT WAS UNDERLYING [ CONTRIBUTING CAUSE OF DE  FETHER, NOTIFY MEDICAL EXAMINE  HILE  WORK NOT WHILE  AT WORK  | (c)  | ONTRIBUTING TO LOCATION FOR WHICH  OF INJURY  A.M. MONTH D.  OF INJURY  OF INJURY  TREET, FACTORY, OFFICE, F   | OPERATIO  AY YEAR  19  FARM, ETC             | 21c. HOW INJURY OCCURP<br>21f. LOCATION<br>STREET  | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUNCTION TO CITY OR TO COTTOBER!   | 20b. IF YES IN CERTIFY YES   | S, WERE FINDI FYING CAUSES S D PART 1 OR PART 2) COUNTY                    | NGS<br>S OF I    |
| 21 is marked ar Item   | PAAI PAAI PAAI PAAI PAAI PAAI PAAI PAAI  | INTERPOLATION ACCIDENT WAS UNDERLYING  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  FETHER NOTHY MEDICAL EXAMINE  INJURY OCCURRED  AT WORK  I certify that (1) (this hose saw the deceased alivery above, 4) (we) (did) (did)  | CONDITIONS CADER  19b. COND  19b. COND  19b. COND  21b. TIME CADE  ATH HOUR A  21c. PLACE (ATHOME. ST  | ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA A.M. MONTH  | OPERATIO  AY YEAR  19 FARM, ETC.             | 21c. HOW INJURY OCCURS 21f. LOCATION STREET  BEB 30 , 19 80 and that in (m) (aur) apinion of   | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUNCTION TO CITY OR TO COTTOBER!   | 20b. IF YES IN CERTIFY YES   | S, WERE FINDI PYING CAUSES S D PART 1 OR PART 2)  COUNTY  19 80            | ngs is of D      |
| 199  | PAAI PAAI PAAI PAAI PAAI PAAI PAAI PAAI  | INJURY OCCURRED  Inderlying couse lost.  RT 2. OTHER SIGNIFICANT  SEIZURE DISON  DATE OF OPERATION  ACCIDENT WAS UNDERLYING [ CONTRIBUTING CAUSE OF DE  FETHER, NOTIFY MEDICAL EXAMINE  HILE  WORK NOT WHILE  AT WORK  | CONDITIONS CADER  19b. COND  19b. COND  19b. COND  21b. TIME CADE  ATH HOUR A  21c. PLACE (ATHOME. ST  | ONTRIBUTING TO DESCRIPTION FOR WHICH OF INJURY A.M. MONTH DA A.M. MONTH  | OPERATIO  AY YEAR  19 FARM, ETC.             | 21c. HOW INJURY OCCURP<br>21f. LOCATION<br>STREET  | 200 AUTOPSY?  YES NOTED  RED (ENTER NATURE OF INJUITED  CITY OR IC  , to OCTOBELE  depth accurred an the d   | 20b. IF YES IN CERTIFY YES IN ITEM 18. F. DWN  | S, WERE FINDI PYING CAUSES S D PART 1 OR PART 2)  COUNTY  19 80  22t. DATE | that             |
| 199 9  | PAI 19a.  19a.  21a.  0R  17a.  22a.   | ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  FETHER NOTIFY MEDICAL EXAMINE  INJURY OCCURRED  IL certify that (I) (this hose saw the decessed olivery above, (H) (we) (did) (did)  SIGNATURE   | CONDITIONS CREET 19b.  | ONTRIBUTING TO LOCATION FOR WHICH  OF INJURY  A.M. MONTH D.  OF INJURY  OF INJURY  TREET, FACTORY, OFFICE, F   | OPERATIO  AY YEAR  19 FARM, ETC.             | 216. HOW INJURY OCCURE 216. LOCATION STREET  217. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN [   | 280 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  ta OCTOBER  death accurred an the d   | 20b. IF YES IN CERTIFY YES IN ITEM 18. F. DWN  | S, WERE FINDI PYING CAUSES S D PART 1 OR PART 2)  COUNTY  19 80  22t. DATE | ngs is of D      |
| hem 21 is marked ar nem to snows ony injury.   | PAI 19a.  19a.  21a.  0R  17a.  22a.   | ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  FETHER NOTIFY MEDICAL EXAMINE  INJURY OCCURRED  AL WORK  A COMMITTED CAUSE OF DE  SOME CONTRIBUTING CAUSE OF DE  FETHER NOTIFY MEDICAL EXAMINE  INJURY OCCURRED  LI Certify that (I) (this hosp  saw the deceased olivery obove, (†) (we) (did) (did)  SIGNATURE  PHYSICIAN'S NAME (TYPE   | CONDITIONS  | ONTRIBUTING TO DETERMINE TO DETERMINE TO DETERMINE TO DETERMINE THE DESCRIPTION OF THE DE | OPERATIO  AY YEAR  19 FARM, ETC.             | 21c. HOW INJURY OCCURE  21f. LOCATION STREET  21f. LOCATION STREET | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR IC.  , to OCTOBEL  depth accurred an the d  MEDICAL STA  DIRECTOR PHYSIC   | 20b. IF YES IN CERTIFY YES   | COUNTY  19 80  22c. DATE   | that             |
| is marked ar Item 18 shaws any injury,   | PAI 19a.  19a.  21a.  0R  17a.  22a.   | ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DE  FETHER NOTIFY MEDICAL EXAMINE  INJURY OCCURRED  AL WORK  A COMMITTED CAUSE OF DE  SOME CONTRIBUTING CAUSE OF DE  FETHER NOTIFY MEDICAL EXAMINE  INJURY OCCURRED  LI Certify that (I) (this hosp  saw the deceased olivery obove, (†) (we) (did) (did)  SIGNATURE  PHYSICIAN'S NAME (TYPE   | CONDITIONS CREET 19b.  | ONTRIBUTING TO DETERMINE TO DETERMINE TO DETERMINE TO DETERMINE THE DESCRIPTION OF THE DE | OPERATIO  AY YEAR  19 FARM, ETC.             | 216. HOW INJURY OCCURE 216. LOCATION STREET  217. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN [   | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR IC.  , to OCTOBEL  depth accurred an the d  MEDICAL STA  DIRECTOR PHYSIC   | 20b. IF YES IN CERTIFY YES   | COUNTY  19 80  22c. DATE   | that             |
| 9  | PAI 19a. 19a. 21a. 22a. 22a. 22a. 22a. 3a. BURL  | AL, CREMATION, REMOVA  | CONDITIONS CADER  19b. CONE  19b. CONE  19b. CONE  AATH P 21b. TIME CADER  (AT HOME, SI  OF PRINT)  OR PRINT)  | ONTRIBUTING TO DITION FOR WHICH  OF INJURY  A.M. MONTH D.  P.M.  OF INJURY  TREET, FACTORY, OFFICE, F  The deceased from a  y ofter death.  L. M. D  A.L.  A | OPERATIO  AY YEAR 19 FARM, ETC.              | 21c. HOW INJURY OCCURE  21f. LOCATION STREET  21f. LOCATION STREET | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  Thought of the depth accurred an the depth accurred and the depth accurred accurred and the depth accurred accurred accurred and the depth accurred and the depth accurred and the depth accurred and the depth accurre | 20b. IF YES IN CERTIFY YES   | COUNTY  19 80  22c. DATE   | that             |
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STATE OF MARYLAND

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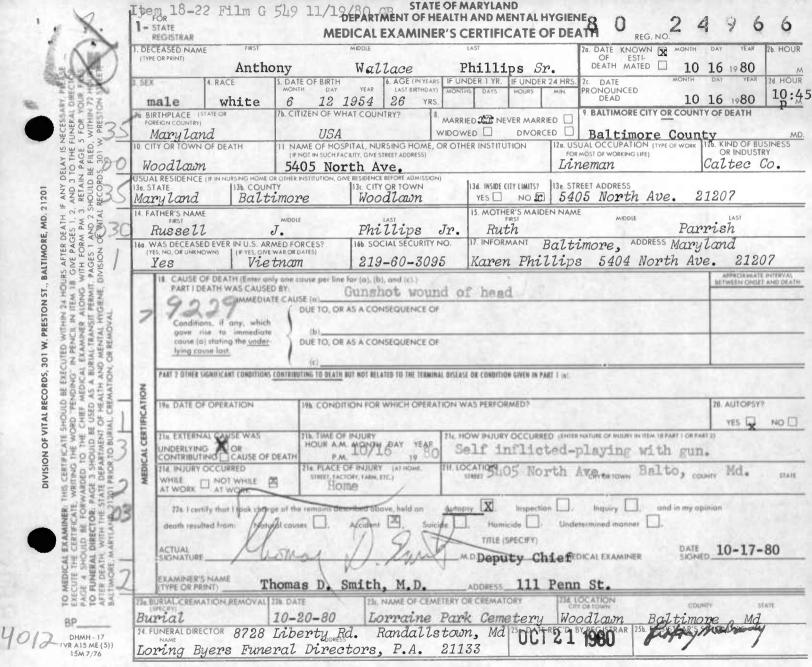
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH MONTH YEAR 26. HOUR (TYPE OR PRINT) CULLER 8-0 IF UNDER I YEAR IF UNDER 24 HRS 3 SEX AGE TIN YEARS LAST BIRTHDAY MONTH DAYS HOURS. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN CITIZEN OF WHAT COUNTRY? MARRIED M NEVER MARRIED COUNTRY (Baltimore) MD CHIO WIDOWED DIVORCED | 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson USUAL RESIDENCE (IF NURSING HOME OBOTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Milbourne 160 WAS DECEASED EYER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ASC W. reunalized IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF aneur Conditions, if any, which whilemal gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Mental Hygiene NOX YES NO [ 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22e 1 certify that (1) (this haspital) attended the deceased from 23 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF State PHYSICIAN DIRECTOR PHYSICIAN TO FUNEF should be d with the St 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS St Paul St Balto F. E. CESLIF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL CREMATION, REMOVAL 23b. DATE CITY OF TOWN COUNTY Cremation 10/6/1980 Green Mount Crematory Baltimore Maryland 250-DATE-RECID, BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** Walter Brooks Bradley, Inc., Balto., Md. 21222

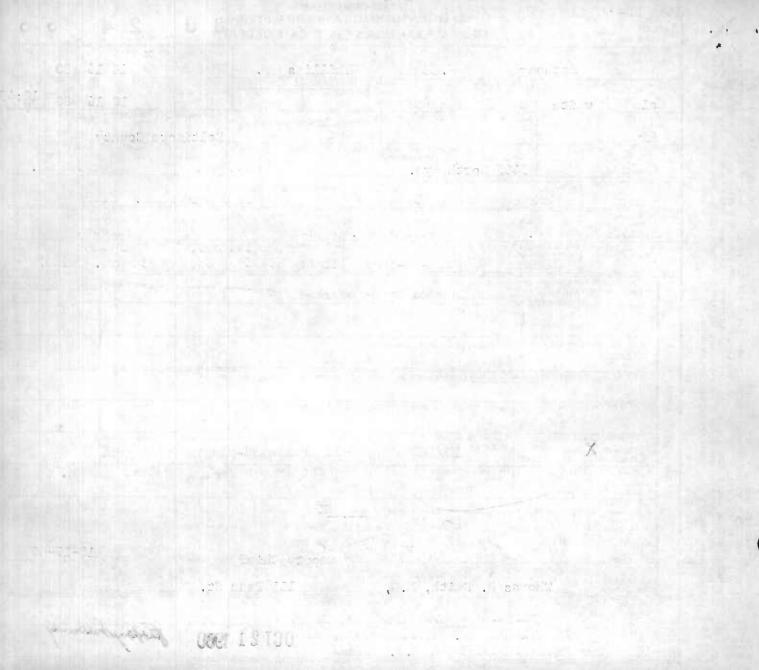
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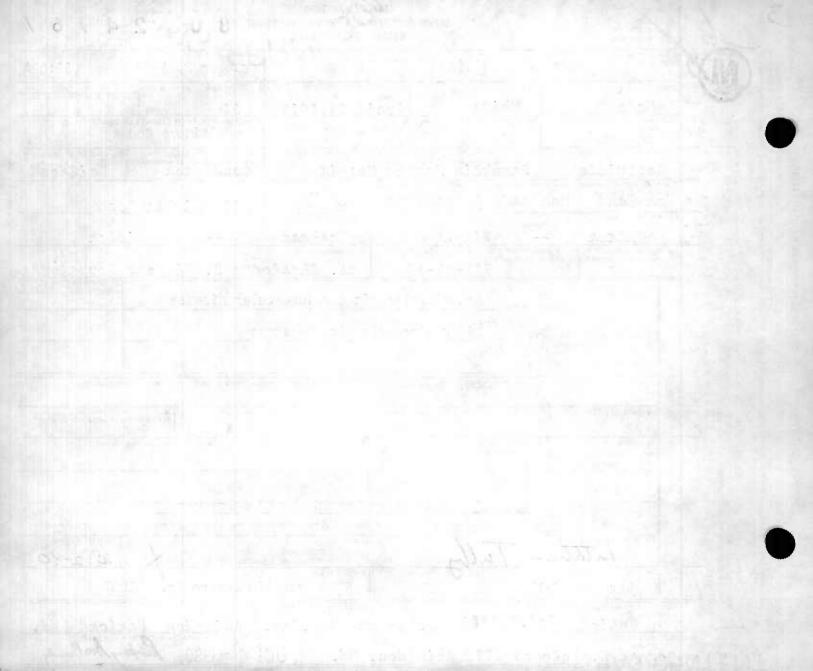
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|  |               |  |   | STATE OF MARYLAND                                       |                                    |  |
|--|---------------|--|---|---|------------------------------------|--|
| 5  |               | FOR<br>- STATE<br>REGISTRAR  |   | RTMENT OF HEALTH AND MENTAL HYC<br>CERTIFICATE OF DEATH | REG. NO.                           | 2 4 9 6 5  |
| of the of  | I. DE         | CEASED NAME FIRST  | WIDDLE  | LAST  | 20. DATE OF DEATH MONTH            | DAY YEAR 26. HOUR  |
| poge<br>poge   | 3. SE         | LUCILLE  | 4. RACE   | PFANNENSTETN  5. DATE OF BIRTH                          | OCTOBER 27                         | 1980 12.0/M  |
| ge 4 r   |               | F  | W   | APRIL 24 1909   | 7/                                 | MONTHS DAYS HOURS MIN.   |
| death, Po  | 70.8          | IRTHPLACE (STATE OR FOREIGN OUNTRY)  | 76 CITIZEN OF WHAT COUNTR                                 | Y? MARRIED NEVER MARRIED WIDOWED DIVORCED               | BALTTMORE                          | COLINITY MD  |
| 9 9 9  | 1             | ITY OR TOWN OF DEATH   | CIE NOT IN SUCH FACILITY, GIVE STR                        | SING HOME OR OTHER INSTITUTION                          | 12a. USUAL OCCUPATION              | 12b. KIND OF BUSINESS OR   |
| 5 5 E  | B             | ALTIMORE   | SAINT JOSEI   | PH HOSPITAL   | MURSE                              | MEALIL LAR   |
| filled in could be   | 130.          | ALTIMORE ALRESIDENCE (IF NURSING HOMEON STATE 136: 50 UF                                       | TO 13 PHY OR IS   | ORE ADMISSION)  136 INSIDE CITY LIMITS?  YES NO NO      | 130. STREET ADDRESS                | Texas Ave  |
| ted within 24 ho   | 14. F.        | ATHER'S NAME   | MIDDLE LAST   | 15. MOTHER'S MAIDEN NA                                  | MIDDLE                             | LAST   |
| d con  |               |  |   | CURITY NO. 17 INFORMANT                                 | ADDRESS                            | 0 1  |
| te be execu  |               | 140  | 116-03-   | 3231A   | Amily                              | RECORUS  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH            |
| es that the death certifined by the attending pilease remove corborgural, cremotion, or remotion, or other traumatic eve   |               | Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last. | DUE TO, OR AS A CONSEC                                    | DUENCE OF   | lon                                | (ceary)  |
| equir<br>n sigi<br>Then<br>r to b<br>injury  | NO<br>O       | PART 2 OTHER SIGNIFICANT   | conditions <u>contributing t</u>                          | <u>O DEATH</u> BUT NOT RELATED TO THE TERM              | AIN AL DISEASE OR CONDITION        | N GIVEN IN PART 1(0)   |
| The law resident.  | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR WHI                                     | CH OPERATION WAS PERFORMED                              | 20a AUTOPSY? 20b.                  | IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \ NO \ |
| CIAN: I physical properties of the properties of | _             | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA                                      |   | DAY YEAR  | RED (ENTER NATURE OF INJURY IN ITE | M 18, PART 1 OR PART 2)  |
| this this and who had M  | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE | 21f LOCATION  | CITY OR TOWN                       | COUNTY STATE   |
| 7 - ~ 5 0 0  |               | 22a I certify that X (this hospi   | tol) oftended the deceased from                           | -da   | 10 10 -2                           | 7, 19 (we) lost  |
| F G F G O N  |               | sow the deceased alive on<br>above, (X (we) (did) (d(dring<br>22b. SIGNATURE                   | ) view the body offer death.                              | , and that in (9%) (our) opinion DEGREE                 | death occurred on the date on      | d hour and from the couses stated  22c. DAJE SIGNED              |
| 5 at 0 =   |               | AH. CC   | shiladi'  |   | MEDICAL STAFF                      | 10-27-8  |
| TO HOSPITAL retained by the TO FUNERAL ( should be deto with the Store ( IMPORTANT: #  |               | 224 PHYSICIAN'S NAME (TYPEO  | 4114DI  | , MD. 7600 C  | BLER DI                            | r. Towson  |
| BP   | 23a           | BURIAL CEMATION, REMOVAL PURIAL PORTION  | 123h DATE 23<br>10-30-80                                  | LAMBOF CEMETERY OR CREMATORY                            | 23d. LOCATION CITY OR FORM DIALIZ  | COUNTY MESTALE   |
| DHMH-16 20M<br>(VRA 15, 4) 7/78  | 24. F         | UNERAL DIRECTOR  | AL Capol ADDRESS  | 800 Has Food BINCT                                      | TE REC'D. BY REGISTRAR 255         | GISTRAR'S GNATURE  |

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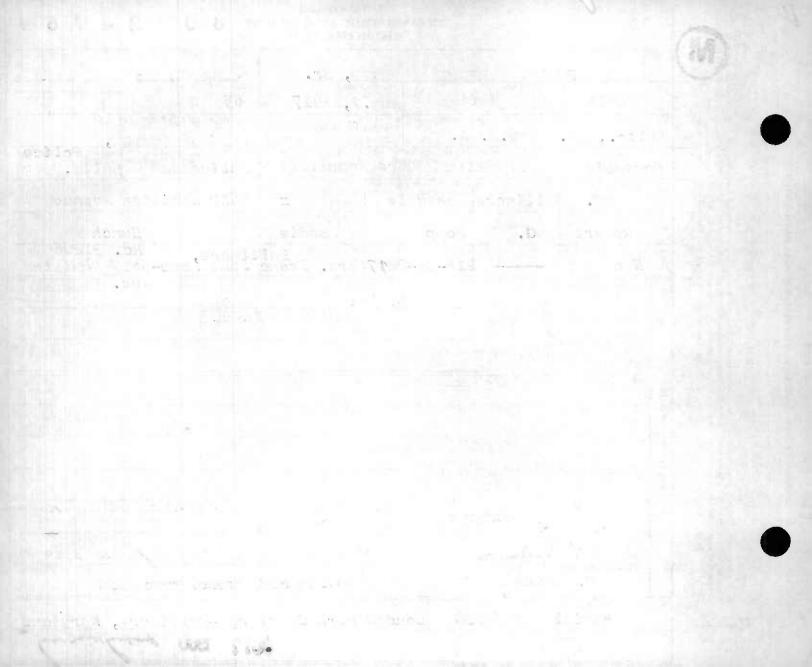


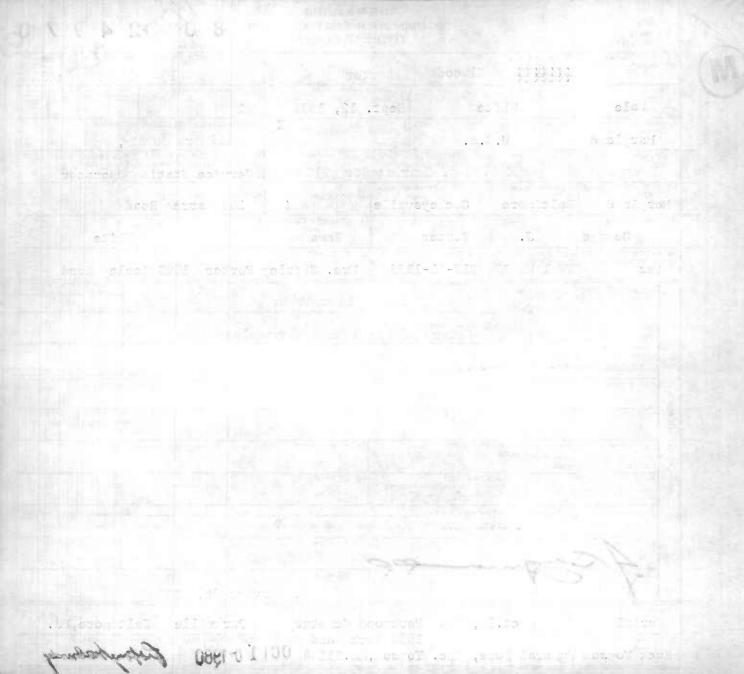




|  | FOR<br>STATE<br>REGISTRA               | R   |  | DEPAR                                       | TMENT OF H                | EALTH AND MENTAL            | L HYGIENE      | 8 0<br>REG. NO.  | 2 4                                | 9 6 8             |
|--|--|---|--|---|---------------------------|-----------------------------|----------------|--|------------------------------------|-------------------|
| page 3   | I DECEASED NA                          |   | che E. Pi  | nkerto                                      |                           | AST                         |                | october 8, 1   | DAY YEAR                           | 2b. HOUR          |
| director, pag  | 3. SEX<br>Fema                         | le  | 4 RACE<br>White  | Y/A :=                                      | S. DATE C                 | DAY YEAR                    |                | 6 AGE (IN YEARS LAST BIRTHDAY) IF UMON                                   |                                    | R IF UNDER 24 HRS |
| in 72 hour   | Je. BIRTHPLACE<br>COUNTRY)             | STATE OR FOREIGN  | 76 CITIZEN OF W  |   | Y? 8<br>MARRIEI<br>WIDOWE | NEVER MARRIED               | U              | MORECITY <u>OR</u> COUR<br>Baltimore Co                                  |                                    | MD.               |
| by the fu  | Towso                                  | n   | Tows or  | FACILITY, GIVE STRE                         | les cent                  | ROTHER INSTITUTION          | TYPE OF        | 12a USUAL OCCUPATION  [TYPE OF WORK FOR MOST OF WORKING LIFE]  Homemaker |                                    | OF BUSINESS OR    |
| should be fill should | DSUAL RESIDEN<br>130 STATE<br>Md.      | 136 COU   | or other institution, give residence before admission unit 134 City or town samore Baltimore |   |                           | 13d INSIDE CITY LIMITS? 13e |                | 13. STREET ADDRESS<br>624 Anneslie Road                                  |                                    |                   |
| d completely<br>s 1 and 2 sho<br>medical bya   | 14 FATHER'S NA.                        | Berthol   | MIDDOLE Ehrli  | ch LAST                                     |                           | 15. MOTHER'S MAIDE FIRST    | arah           | Pimes  | u                                  | AST               |
| vsician and copers. Pages 1 a oval.  | 160 WAS DECEA<br>(YES, NO OR UNI<br>NO | SED EVER IN U.S. AI   | RMED FORCES?   | 212 74                                      |                           | Doris P.                    | Sheck          | ADDRESS<br>624 Ann   | neslie R                           | oad               |
| en signed by the attending pine please remove carbon print to burial, cremation, or ren<br>ny injury, or other traumation.   | gave rist<br>cause (c<br>underlyin     | s, if any, which to immediate the stating the g cause last            | (b)  | AS A CONSEO<br>AS A CONSEO<br>NTRIBUTING TO | DUENCE OF                 | ed ANTE                     | TERMINAL DIS   | DISEASE OR CONDITION   | 4                                  | rs                |
| ate has ber<br>t permit. I<br>giene prio<br>8 shows a  | NO DATE C                              | OF OPERATION  | 1% CONDIT  |   |                           | WAS PERFORMED               |                | IN CER   | YES, WERE FIND. RTIFYING CAUSE YES |                   |
| physiciar is certifical ial-transit fental Hygor Item 1  | OR CONTRIB                             | NT WAS UNDERLYING [<br>UTING ] CAUSE OF DE<br>OTIFY MEDICAL EXAMINER  | HOUR A.M   | MONTH                                       | DAY YEAR                  |                             | CCURRED (ENT   | ER NATURE OF INJURY IN ITEM  | (8, PART 1 OR PART 2)              |                   |
| After the street the s | 21d. INJUR                             | OCCURRED  NOT WHILE  AT WORK  | 21e PLACE O<br>(AT HOME, STREE   | F INJURY<br>IT, FACTORY, OFFICE             | E, FARM, ETC )            | 211 LOCATION<br>STREET      |                | CITY OR TOWN   | COUNTY                             | STATE             |
| IRECTOR: IRECTOR: Id for use a pt. of Heal   | sow t                                  | y that (I) (this hosp<br>ne deceased alive as<br>(I) (we) (did) (did) | Oct.   | 6 19  | 80,00                     | d that in (my) (corr) ap    | inian death ac | curred on the date and l   | haur and from the                  | e causes stated   |
| by the higher ERAL DI se detache State De ANT: If  |  | TIAN'S NAME LITYPE  | mal ?  | 1   |                           | ATTENDI                     | NG MEDI        | CAL STAFF<br>TOR PHYSICIAN   |                                    | 10/80             |
| TO FUNE should be with the With the MPORT.   |  |   | ENABL  |   | ····                      |                             |                | BALTIMON   | , MD_                              | 21212             |
| BP   | Bur                                    |   | 10/11  |   |                           | Ridge Cem.                  |                | Baltimore,   |                                    | STATE             |
| DHMH-16 25M<br>(VRA 15, 4) 1/79  | 24 FUNERAL DIR                         | ECTOR<br>LL-WIEDEF  | ELD HOME.  | INC.  | 6500 Y                    | ork Rd.                     | OGT 1          | BY REGISTRAR IN REG  | DINAR'S SIGNA                      | A \               |

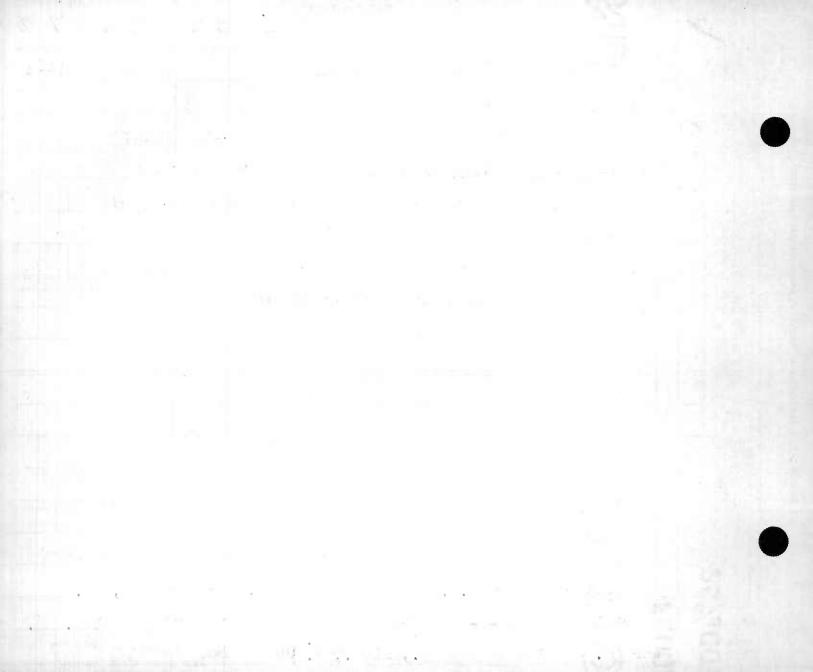
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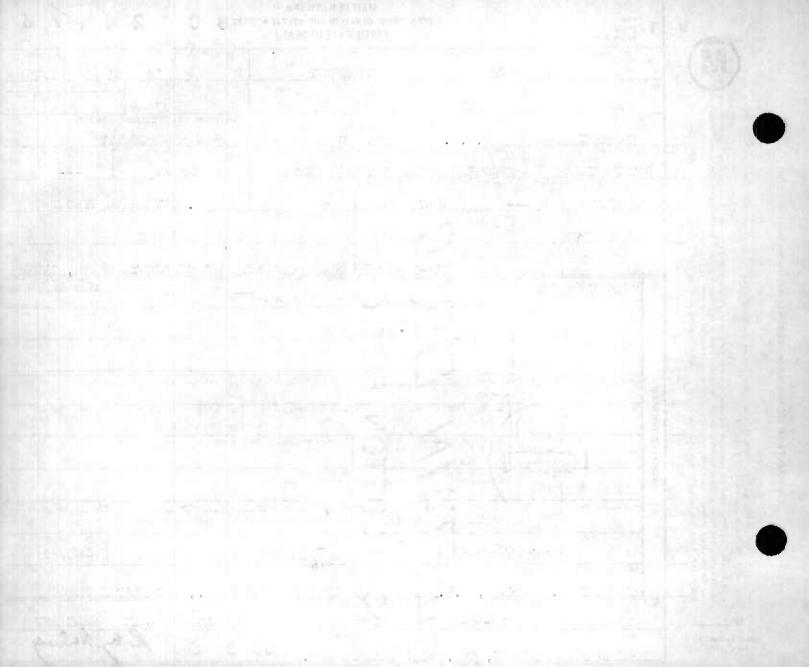
| 10. CITY OR TOWN OF DEATH  11. FATHER'S NAME  FIRST  11. FATHER'S NAME  11. PART 1. DEATH WAS OF  11. OCTOBER OF DEATH (F.)  12. ACCIDENT WAS UNDERLY  13. STATE  13. DEATH WAS OF  14. FATHER'S NAME  15. SIGNATURE  16. CONDITIONS  17. PART 2. OTHER SIGNIFIC  18. CONTRIBUTING CAUSE  19. DATE OF OPERATION  19. DATE OF OPERATION  210. ACCIDENT WAS UNDERLY  211. PART 2. OTHER SIGNIFIC  212. ACCIDENT WAS UNDERLY  213. BINYS (IAN'S NAME  214. BINYS (IAN'S NAME  215. SIGNATURE  216. SIGNATURE  217. BINYS (IAN'S NAME  218. SIGNATURE  218. SIGNATURE  219. SIGNATURE  211. BINYS (IAN'S NAME  211. BINYS (IAN'S NAME  212. BINYS (IAN'S NAME  213. BINYS (IAN'S NAME  214. BINYS (IAN'S NAME  215. SIGNATURE  216. BIRTHPLACE (ISTATE OR FOREIGN  13. SEX  14. FATHER'S NAME  15. SIGNATURE  216. BIRTHPLACE (ISTATE OR FOREIGN  16. COUNTRY)  17. PART 2. OTHER SIGNIFIC  217. BINYS (IAN'S NAME  218. SIGNATURE  218. BINYS (IAN'S NAME  219. BINYS (IAN'S NAME  219. BINYS (IAN'S NAME  219. BINYS (IAN'S NAME  210. BIRTHPLACE (ISTATE OR FOREIGN  13. BINYS (IAN'S NAME  13. BINYS (IAN'S NAME  14. BINYS (IAN'S NAME  15. BINYS (IAN'S NAME  16. COUNTRY  17. BINYS (IAN'S NAME  17. BINYS (IAN'S NAME  18. CAUSE  19. COUNTRY  19. | - STATE<br>REGISTRAR |   | MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH                   | REG. NO.   |   |  |  |  |  |
|---|----------------------|---|--|--|---|--|--|--|--|
| 100   |                      |   | CARTER   | POWELL   | 20 DATE OF DEATH MONTH  | 1 0- 1125  |  |  |  |
| ector, programmer of the control of | 3.                   | TEMALE  | CAUCASIAN  | 5 DATE OF BIRTH                                      | AGE (IN YEARS LAST BIRTHOAY)                                  | FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.                       |  |  |  |
| in 72 hou   | 70                   | BIRTHPLACE (STATE OR FOREIGN COUNTRY)                             | 1. CITIZEN OF WHAT COUNTRY?  U. S.A.                                 |  | BALTO. CO   | UNTY MD.   |  |  |  |
| filed with  | 0 10                 | CITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSIN<br>IF NOT IN SUCH FACILITY, GIVE STREET | NG HOME OR OTHER INSTITUTION                         | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOME MAKE |  |  |  |  |
| P P   | F 1                  |   |  | N 136 INSIDE CITY LIMITS?                            | 13801 YOR   | 0-   |  |  |  |
| 2 2   | 14<br>26             | FIRST   | MDOLE CARTE  | 15. MOTHER'S MAIDEN NA FIRST  ANNE                   |   | McCoy  |  |  |  |
| medicol /   | 16                   | WAS DECEASED EVER IN U.S. AR<br>(YES, NO OR UNKNOWN) (IF YES, GIV | MED FORCES? 166 SOCIAL SECULAR OR DATES) 213 74 4                    | JRITY NO. 17. INFORMANT                              | E. POWELI   |  |  |  |  |
|   |                      | PART I. DEATH WAS CAUSE   | ily one couse per line for (a), (b), on D BY                         | ive Heart Failu                                      | il  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH                            |  |  |  |
| trending<br>ve corbo<br>on, or re<br>umotic e   |                      | 4292  | DUE TO, OR AS A CONSEQU  | ENGE OF  |   |  |  |  |  |
| by the u<br>ose remo<br>I, cremoth  |                      | gave rise to immediate couse (0), stating the                     | DUE TO, OR AS A CONSEQUE   | ENCE OF  |   |  |  |  |  |
| to bu   |                      |   | CONDITIONS CONTRIBUTING TO   | DEATH BUT NOT RELATED TO THE TERM                    | . 1 12 1  | N GIVEN IN PART 1(a)   |  |  |  |
| permit.   | 2                    | 190 DATE OF OPERATION   |  | OPERATION WAS PERFORMED                              | 200 AUTOPSY? 20b.   | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \) |  |  |  |
| Î @   |                      |   | HOUR A.M. MONTH D.   | AY YEAR  | RED JENTER NATURE OF INJURY IN IT                             |  |  |  |  |
| and Mer   | 2000                 |   | 21e PLACE OF INJURY<br>IAT HOME, STREET, FACTORY, OFFICE, I          | 211 LOCATION   | CITY OR TOWN  | COUNTY STATE   |  |  |  |
| or use as<br>if Health  |                      | 22e I certify that (I) (this hosp saw the deceased alive on       | tall attended the deceased from                                      | 8-18 , 19-80<br>30 , and that in (my) (corr) opinion | death occurred on the date on                                 |  |  |  |  |
|   |                      |   | Heriew the body ofter death.   | DEGREE ATTENDING PHYSICIAN [                         | MEDICAL STAFF DIRECTOR PHYSICIAN                              | 22c. DAJE SIGNED<br>10/6/80  |  |  |  |
| old the   |                      | 22d PHYSICIAN'S NAME (TYPE O                                      |  | 22e ADDRESS Broadmea                                 | d. Cockeysy   | ille. Md.  |  |  |  |
| o di Maria  | 23                   | BURIAL, CREMATION, REMOVAL<br>(SPECIFY) Burial                    | 23b. DATE 23c.1  | NAME OF CEMETERY OR CREMATORY  Pruid Ridge           | 23d. LOCATION<br>CITY OR TOWN                                 | COUNTY STATE   |  |  |  |
|   | 24                   | FUNERAL DIRECTOR  | AOORES L   |  | Pikesvil<br>Te rec'd. By registrar 25b. r                     | Le Balto Md.   |  |  |  |

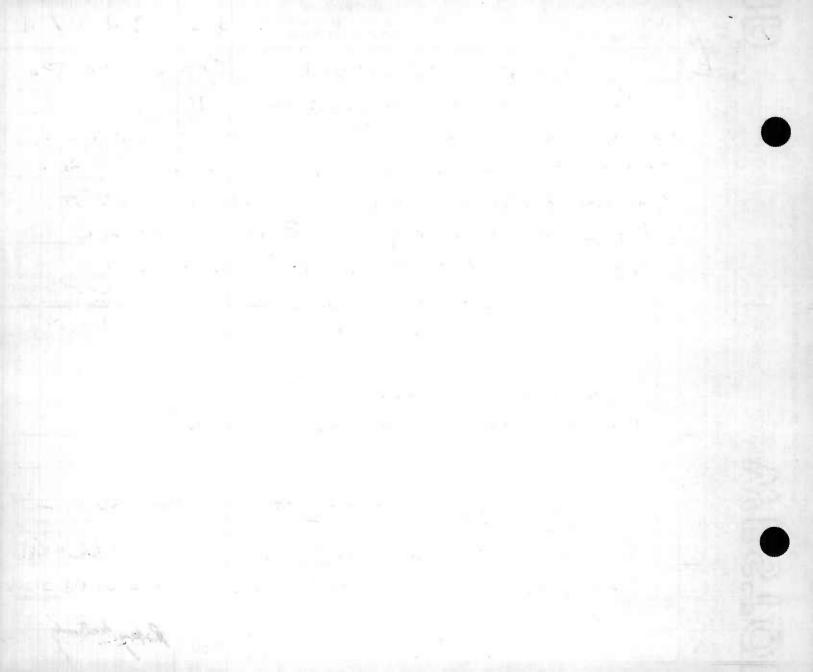


| by           | 1-            | FOR<br>STATE<br>REGISTRAR  |  | DEPART                                    |   | EALTH AND MENTAL HYG<br>ICATE OF DEATH   | REG. N                                       | 2 4                               | 9 1                      | 5           |  |
|--------------|---------------|--|--|---|---|--|--|-----------------------------------|--------------------------|-------------|--|
| 品用           |               | CEASED NAME FIRST  |  | MIDDLE                                    | 1                                       | AST  |  | MONTH DAY                         | YEAR 21                  | b. HOUR     |  |
| LAI )        | (IIIVE        |  | ABETH  |   | PR                                      | EDIGER   |  | 10 01                             | 80                       | 3:254       |  |
|              | 3. SEX        | K .  | 4 RACE   |   | 5. DATE C                               |  | 6. AGE   IN YEARS LAST BIR                   | THDAY) IF UND                     | DER I YEAR               | FUNDER 24 H |  |
|              |               | FEMALE   | WHI  | TE  | 07                                      |  | 1  | 37 YRS                            | S OATS                   | HOURS M     |  |
| 7-           | 70. BI        | RTHPLACE (STATE OR FOREIGN   | 76 CITIZEN OF  | WHAT COUNTRY                              | ? 8<br>MARRIE                           | D NEVER MARRIED  | 9. BALTIMORE CITY                            |                                   | EATH                     |             |  |
| /            |               | GERMANY  |  | 5.A.                                      | WIDOWE                                  | DIVORCED   | BALTIMOF                                     | RE COUNTY                         |                          | L-5         |  |
| a lea        | 10 CI         | TY OR TOWN OF DEATH  |  | HOSPITAL, NURSI                           |   | OR OTHER INSTITUTION   | 120 USUAL OCCUPAT                            |                                   | L KIND OF E              | BUSINESS    |  |
| U            |               | ATONSVILLE   |  |   |   | ING CENTER   | HOMEMAKE                                     | ER                                |                          |             |  |
| 2            | 13a S         | AL RESIDENCE JIF NURSING HOME  | OR OTHER INSTITUTIO<br>JNTY                                    | N, GIVE RESIDENCE BEFO<br>13c. CITY OR TO | ORE ADMISSION)                          | 13d INSIDE CITY LIMITS?  | 13e STREET ADDRESS                           |                                   |                          |             |  |
| 人            | _             | MARYLAND   |  | BALTIM                                    | ORE                                     | YES NO   | 104 S. CA                                    | THERINE                           | STREE                    | T           |  |
| 3            | 14. FA        | THER'S NAME FIRST  | MIDDLE   | LAST                                      |   | 15. MOTHER'S MAIDEN NA   | WE   |                                   | LAST                     |             |  |
| H            | 1             | UNKNOWN  |  | BAUMEI                                    |   |  | UNKNO  |                                   |                          |             |  |
| 6            | 16a. W        | VAS DECEASED EVER IN U.S. A  | RMED FORCES?<br>VE WAR OR DATES)                               | 166 SOCIAL SEC                            | URITY NO.                               | 17 INFORMANT   | ADDR   | 55                                |                          |             |  |
| 1            |               | NO   |  | 218-22                                    | -4957                                   | FRED PREDIGE   | R 432 CHAI                                   | FONTE DR                          | RIVE.                    | 21228       |  |
|              | 199           | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS                      | only ane cause pe  | er line for (a), (b), a                   | ind Ich                                 | 1 1  | ,  |                                   | APPROXIMA<br>BETWEEN ONS | TE INTERVAL |  |
| event, th    |               | IMMEDIA  | ATE CAUSE (o)  | CN  | row /                                   | ulumny aren  |  |                                   |                          |             |  |
| a to         |               | 4272   | DUE TO, O  | OR AS A CONSEQU                           | JENCE OF                                | /  |  |                                   |                          |             |  |
| r froumotic  |               | Conditions, if ony, which  | (b)  |   | ASU                                     |  |  |                                   |                          |             |  |
| other tr     | 114           | gave rise to immediate cause (0), stating the DUETO OR AS A CONSEQUENCE OF |  |   |   |  |  |                                   |                          |             |  |
| 0 0          |               | underlying couse last.   | ((c)_  |   |   |  |  |                                   | 21                       |             |  |
| o'Ando       | 7             | PART 2 OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN |   |   |  | ERMINAL DISEASE OR CONDITION GIVEN IN PART 1 |                                   |                          | 1(a)        |  |
|              | ] ē           |  | USS  |   |   |  |  |                                   |                          |             |  |
| 6            | CERTIFICATION | 190 DATE OF OPERATION  | 19b. CON[  | DITION FOR WHICH                          | H OPERATIO                              | N WAS PERFORMED  | 200 AUTOPSY?                                 | 20b. IF YES, WER<br>IN CERTIFYING |                          |             |  |
| 1            |               |  |  |   |   |  | YES NO                                       | YES 🗌                             |                          | NO 🗆        |  |
| 18 sho       |               | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D                     |  | OF INJURY<br>A.M. MONTH [                 | DAY YEAR                                | 21c. HOW INJURY OCCUR  | RED (ENTER NATURE OF INJU                    | RY IN ITEM 18, PART 1 OF          | R PART 2)                |             |  |
| 7            | CAL           | (IF EITHER, NOTIFY MEDICAL EXAMINE   |  | P.M.                                      | 19                                      |  |  |                                   |                          |             |  |
| à            | MEDICAL       | 21d. INJURY OCCURRED   | 21e. PLACE   | OF INJURY                                 | FARM, ETC.)                             | 211 LOCATION<br>STREET   | CITY OR TO                                   | wn cc                             | YINU                     | STATE       |  |
| 2            | 2             | AT WORK NOT WHILE  |  |   | , |  |  |                                   |                          | 017476      |  |
| e<br>S       | 4             | 22a.1 certify that (1) (this has   |  |   | de                                      | may 19 74  | 10 Sept                                      | . 19                              | the                      | at (1) (we) |  |
| 21 is morked |               | sow the deceosed ofive or<br>obove, (I) (we) (did) (did n                  | n Segle  |   | n, ar                                   | nd that in (my) (our) opinian  | deoth accurred on the d                      | ote and hour and                  | from the cou             | uses stoted |  |
| E e H        |               | 22b. SIGNATURE   | oi) view the bad   | y offer deoth.                            |   | DEGREE   |  | 12                                | 22c. DATE SIC            | GNED        |  |
| +            | 1             | Knul   | william  |   |   | ATTENDING  | MEDICAL STA                                  | FF                                | Out 1                    | 80          |  |
|              | 7             | 22d. PHYSICIAN'S NAME (TYPE  | OR PRINT)  |   |   | 22e. ADDRESS   | DIRECTOR PHYSIC                              | IAN L                             | 1                        | -           |  |
| 1            |               |  |  | 1.574                                     |   | THE PARTY OF THE P |  |                                   |                          |             |  |
| 1            |               | HUMBERTO V. C.   |  |   |   | 1 1206 GOUCHE  |  | CH RAVEN                          | PLAZ                     | Α           |  |
| -            | 23a. B        | URIAL, CREMATION, REMOVA   |  |   |   | EMETERY OR CREMATORY   | 23d. LOCATION<br>CITY OR TOWN                | COUNT                             | TY                       | STATE       |  |
| -            |               | BURIAL   | 10-03  | 3-80                                      | LOU                                     | IDON PARK  | BALTIMORI                                    |                                   | MARYL                    | AND_        |  |
| 76           | 24 FL         | INERAL DIRECTOR  |  | ADDRESS                                   | 2                                       | 1229 250 DAT   | E REC'D. BY REGISTRAR                        | 731 RE \$194.8'5                  | MeB                      | rools       |  |
| )            | 777           | TARREST DATE   | HOME T   | NO /107                                   | LITTIE                                  | NIC ATTE UU  | T 3 1980                                     | , ,                               |                          | -           |  |

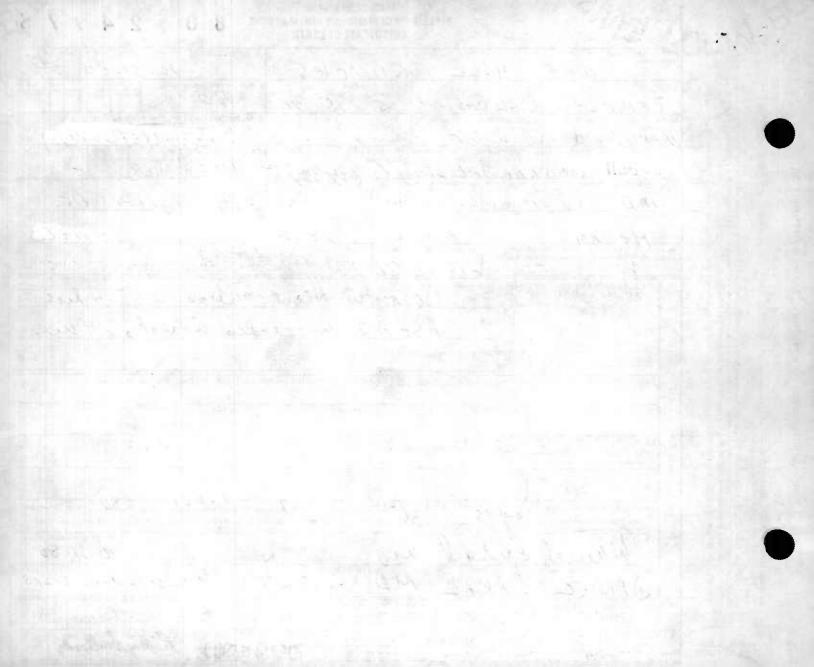
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

STATE OF MARYLAND

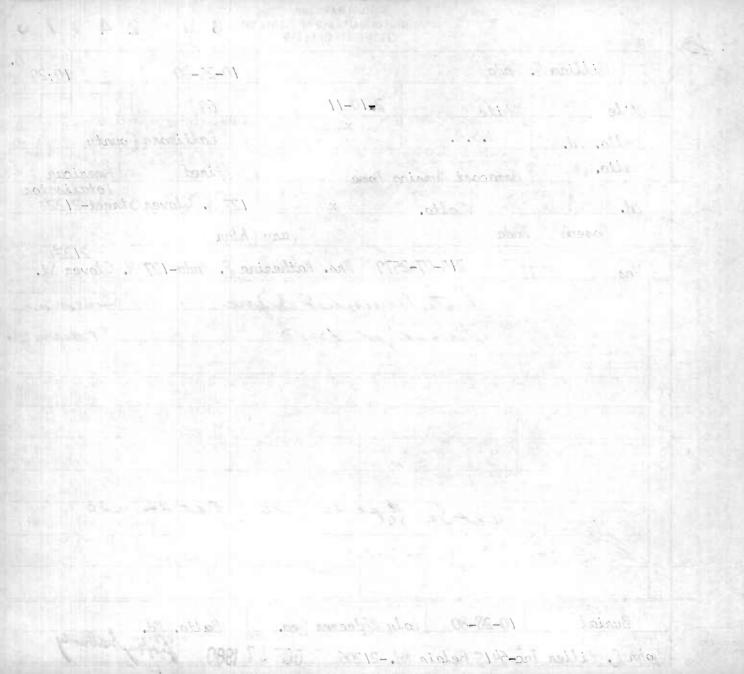




8728 Liberty Rd., Randallstown, MD 21133

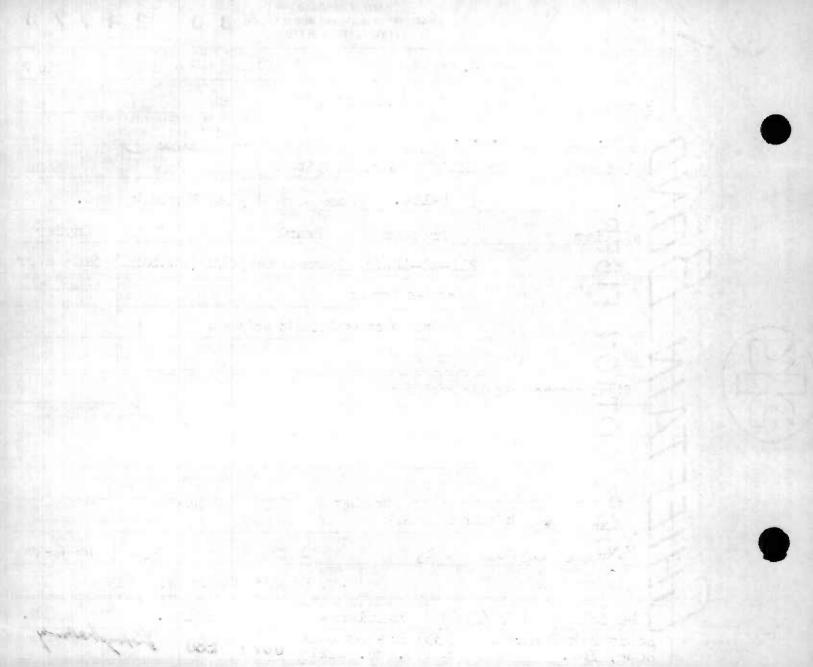


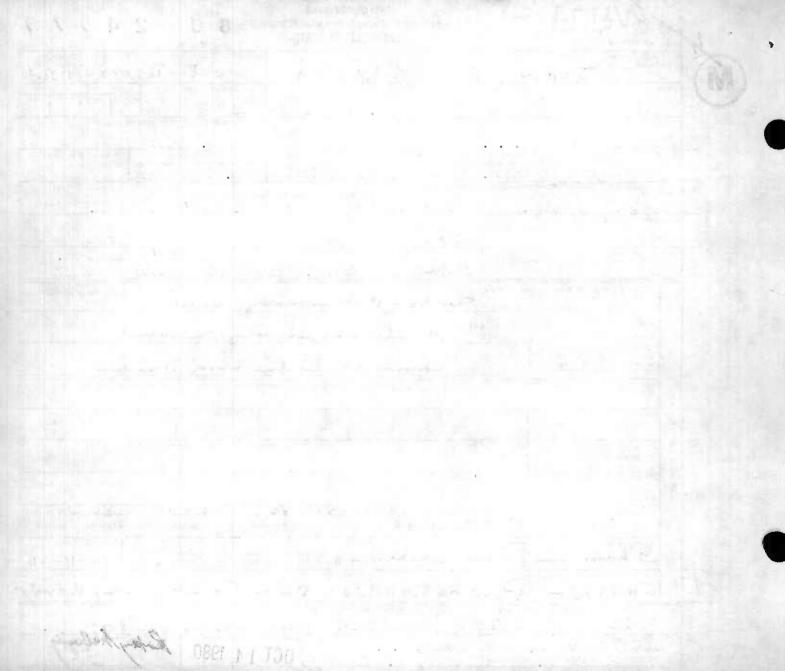
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR LTYPE OR PRINTS William J. Rada 4. RACE 5. DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 2-10-17 BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED Baltimore County Balto. WIDOWED DIVORCED | ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Balto. INDUSTRY tired American Immicrast Nunsing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 186 COUNTY 13e. STREET ADDRESS Glover Street-21224 YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRSTOSEPh LAST Rada Mary (hlan 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Katherine E. Rada-127 N. Glover St. 401 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from Opt 22 19 SO / . and that in (my) (our) apinion death occurred on the date and hour and from the causes stated sow the deceased alive one above, (It (Re) (did) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANI FUNER old be h the St 22d PHYSICIAN'S NAME ITYPE OR PRINTS 22e. ADDRESS 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23h. DATE COUNTY STATE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Miller Inc-6415 Belair Rd. -21206

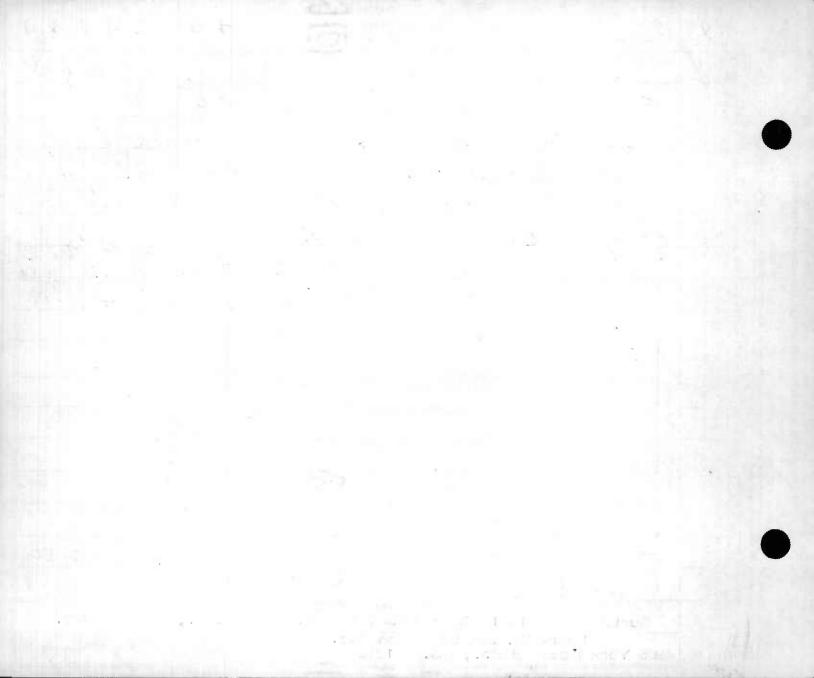


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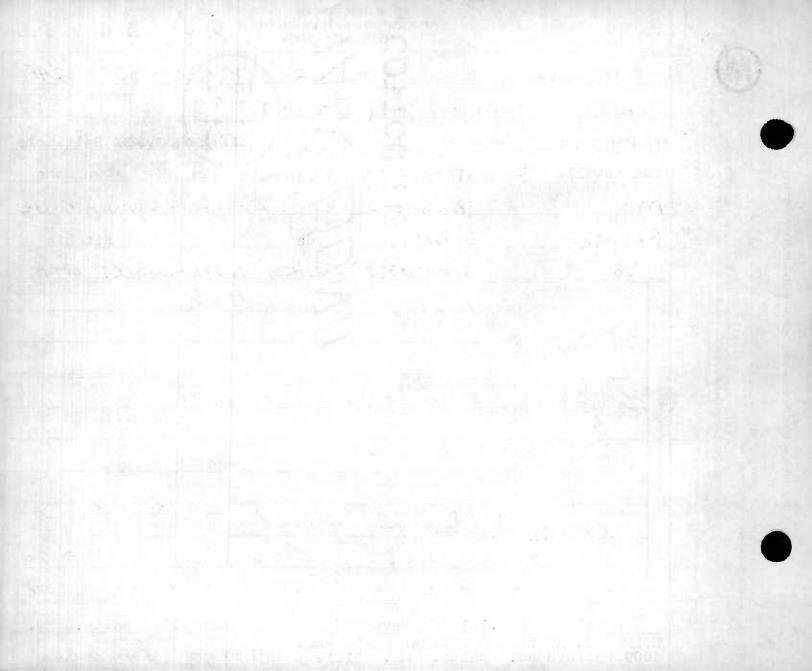
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| 1                          |  |               |   |                         |                              |               | IARYLAND                   |                                    |                        |             |             |
|----------------------------|--|---------------|---|-------------------------|------------------------------|---------------|----------------------------|------------------------------------|------------------------|-------------|-------------|
|                            |  |               | FOR<br>STATE  |                         | DEPARTMENT OF                | HEALTH        | AND MENTAL H               | YGIENE                             | 9/                     | 1 9 2       | 2           |
| 7                          |  |               | REGISTRAR   | MEI                     | DICAL EXAMIN                 | IER'S C       | ERTIFICATE O               | F DEATH                            | REG. NO.               | 1 7 0       | V           |
|                            |  | 1. DE         | EASED NAME FIRST  | No.                     | MIDDLE                       |               | LAST                       |                                    | HINOM K NWC            | DAY YEAR    | 7h. HOUR    |
|                            | m : : : : : : :  | (TYE          | BE ULII   | OH C.                   | RANCES                       | 0             | EITER                      | OF ES                              | TED                    | 1           | 2b, HOUR    |
|                            | PLEASE<br>ECTOR.<br>FILES.<br>HOURS  | 3. SEX        |   |                         |                              |               |                            |                                    | MONTH.                 | 119 19 80   | f M         |
|                            | E CI   | J. 5E/        |   | S. DATE OF BIRTH        | YEAR 6. AGE I'M YE           | AY) MONTE     | DER 1 YR. IF UNDER 2       | 24 HRS. 2c. DATE<br>MIN. PRONOUNCE |                        | DAT TEAR    | 24 HOUR     |
|                            | N 2 O D K  |               | FM  | 2-/3/1                  | 6 64x                        | RS.           | 188                        | DEAD                               | 101                    | 19 1980     | PM          |
|                            | S NECESSARY PLEASE E FUNERAL DIRECTOR. S FOR YOUR FILES D, WITHIN 72 HOURS W, PRESTON STREET.  |               | RTHPLACE (STATE OR REIGN COUNTRY)                         | 76. CITIZEN OF WE       | AT COUNTRY?                  | 8. MADDI      | ED NEVER MARRIE            | 9. BALTIMOR                        | ECITY OR COUN          | TY OF DEATH | 10000       |
|                            | STREET STREET  | 1             | 11/, 1/A  | 115                     | SA                           | WIDOW         | _                          |                                    | 70 1                   | OUNT        | £           |
|                            | ZEN 3  | 10. C         | TY OR TOWN OF DEATH                                       | 11. NAME OF HOS         | PITAL, NURSING HOM           |               |                            | 120. USUAL OCCUPATI                | ON (TYPE OF WORK       |             | JSINESS     |
|                            | A LA SEE A LA  | 1             | F55FX   |                         | CILITY, GIVE STREET ADDRESS) | ~-            | Ro                         | FOR MOST OF WORKING                | LIFE)                  | OR INDUST   | RY          |
| 26                         | DELAY IS NE<br>3 TO THE FU<br>N PAGE 5<br>9 BE FILED.  | LICIL         | 1 DESIDENCE   | 100 1                   | 110656                       | 57            | NO.                        | H54                                | 15                     |             |             |
| 5                          | OF DE S  | 13a. S        | L RESIDENCE (IF IN NURSING HOME OF TATE 13b. COUN         |                         | VE RESIDENCE BEFORE ADMISS   |               | 13d INSIDE CITY LIMITS?    | 13e. STREET ADDRESS                |                        |             |             |
| 21201                      | RETAND RETAND  |               | MDB   | ALTO                    | ESSEX                        |               | YES NO                     | 100 K                              | 11465                  | LEY         |             |
| .2.                        | H. IF  | 14. F/        | THER'S NAME   |                         | -                            |               | 15. MOTHER'S MAIDEN        | NAME                               |                        |             |             |
| WD.                        | PEATH. 1   | D             | FIRST   | MIDDLE                  | LAST                         |               | FIRST                      | INK MIDDE                          |                        | LAST        |             |
| DR.E.                      | 0 5 × 4 0 -  | 160 \         | AS DECEASED EVER IN U.S. AR                               | MED EODCESS             | 166 SOCIAL SECURIT           | V NO          | 17 INFORMANT               |                                    | DDRESS                 |             |             |
| W                          | S S S S S S S S S S S S S S S S S S S  | (Y            | S. NO, OR UNKNOWN)   (IF YES, GIVE                        | WAR OR DATES)           | 23603                        |               |                            | 0 ~                                |                        | 000         |             |
| BALTIMORE,                 | BURS AFTER 8. GIVE PA WITH FOR WITH FOR DIVISION (DIVISION (DIVISI |               | vo  |                         | 27800                        | 00/3          | HUAN                       | 1 1/2/                             | TER                    | ABO         | OE          |
| 80                         | FED WITHIN 24 HOUR: PENCIL IN ITEM 18. C XAMINER ALONG W 44-TRANSIT PERMIT. P REMOVAL.   |               | IB CAUSE OF DEATH (Enter on                               | ly one couse per line   | for (o), (b), and (c).)      | (1            | . //                       | (/() /                             | 1                      | APPROXIMATI | E INTERVAL. |
| ST.,                       | Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z  |               | PART I DEATH WAS CAUSE                                    | TE CAUSE (a)            | cull                         | My            | 10 Contar                  | ~ mp                               | 50100                  |             | - 17.5      |
| PRESTON                    | TEM<br>TEM<br>ALON<br>PERA<br>GIEN   |               | 410-  |                         | AS A CONSEQUENCE             | OF /          |                            | 1                                  |                        | 1           |             |
| ESI                        | A TST YA   |               | Conditions, if any, which                                 |                         |                              |               |                            | V                                  |                        | TO THE      |             |
| a.                         | WII AND TALL TALL  |               | gove rise to immediate                                    | (b)                     |                              |               |                            |                                    |                        | -           |             |
| *                          | EXAM<br>EXAM<br>IAL-TR<br>OR RE  | 0.5           | cause (a) stating the <u>under</u> -<br>lying cause lost. | DUE TO, OR              | AS A CONSEQUENCE             | OF            |                            |                                    |                        | 4           |             |
| 301                        | DULD BE EXECUTED  "PENDING" IN PEN  IIEF MEDICAL EXAM  ISED AS A BURIAL-II  F HEALTH AND MEN  CREMATION, OR RE   |               |   | (c)                     |                              |               |                            | Marie Branch                       |                        |             |             |
| DS,                        | A BION A BION  |               | PART 2 OTHER SIGNIFICANT CONDITIONS                       | CONTRIBUTING TO DEATH I | BUT NOT RELATED TO THE TERM  | MINAL DISEASE | OR CONDITION GIVEN IN PART | [ ] {a}.                           |                        |             |             |
| DIVISION OF VITAL RECORDS, | BE EX<br>ADING<br>AEDIC,<br>AS A I   | CERTIFICATION |   |                         |                              |               |                            |                                    |                        |             |             |
| ar<br>M                    | HOULD I  | A             | 19a. DATE OF OPERATION                                    | 196. CONDIT             | ION FOR WHICH OPER           | RATION W.     | AS PERFORMED?              |                                    | - Call 20              | 20. AUTOPSY | ?           |
| TAL                        | SHOUL<br>CHIEF<br>CHIEF<br>F USE<br>TOF H  | 1 5           | CONTRACTOR OF COMME                                       |                         |                              |               |                            |                                    |                        | YES 🗆       | мо П        |
| >                          | 200 8 - 3 -  | E E           | 210. EXTERNAL CAUSE WAS                                   | 216. TIME OF            | INTURY                       | 121, HC       | OW INJURY OCCURRED         | CENTED NATIOE OF INDION            | NI ITEM 19 PART 1 OR 8 |             | NO 🗆        |
| ō                          | THE WEN WEN  |               | UNDERLYING OR   |                         | MONTH DAY YEA                |               | W INJORT OCCURRED          | (ENTER NATURE OF INJURY            | NIEM IS PART TORP      | AR1 2)      |             |
| O N                        | SHOUND PART  | V             | CONTRIBUTING CAUSE OF                                     |                         |                              |               |                            | Will have                          |                        |             |             |
| VIS                        | RIO GE S   | MEDICAL       | 21d. INJURY OCCURRED                                      |                         | OF INJURY (AT HOME,          |               | TATION                     | CITY OR TOWN                       |                        | DUNTY       | STATE       |
| ٥                          | WARDED WARDED PAGE 3 STATE DEP   | >             | WHILE NOT WHILE C   |                         | ont. Ann, crc.,              |               | 11661                      | CITOKIOWN                          |                        | 301417      | STATE       |
|                            | E. THIS C<br>E. WRIT<br>RWARD<br>PAGE<br>STATE I   |               |   | 14-39-1                 |                              |               |                            | N N                                |                        | 100         |             |
|                            | INE FOR  |               | 22a. I certify that I toak chorg                          | e at the remains dimi   | cribed above, held in        | Autops        | y L, Inspection            | X, Inquiry X                       | , and in my a          | pinion      |             |
|                            | AN HILL  | 150           | death resulted from: Natur                                | alcaus A                | Accident/ /s                 | cide          | , Homicide                 | Undetermined monne                 | · [].                  |             |             |
|                            | L EXAMINER E CERTIFICAT OULD BE FO IL DIRECTOR H, WITH THE MARYLAND,   |               | 100   | # 11                    | V                            | 2             | TITLE (SPECIFY             |                                    |                        | . 1.        | 10          |
| (C) (C) (C)                | W. H.  |               | ACTUAL SIGNATURE  | 14                      | ne                           | T M           | Defuly                     | MEDICAL EXAMINE                    | R DATE                 | ED /6/19    | 180         |
|                            | SE S   |               | 1/  | 2 1 11.                 | 1 . 11                       | 4             | 11 1                       | 0 (                                | 10.1                   | 1 10.       |             |
|                            | W C C  |               | (TYPE OR PRINT)   | . HHL                   | UWALI                        | //            | ADDRESS 2112               | Dund                               | web                    | D BULLY     | 2/222       |
|                            | TO MEDICAL EXECUTE THE CPAGE 4 SHOUT TO FUNERAL PATER DEATH, BALTIMORE, MY   | 73n D         |   | 2h DATE                 | 23c. NAME OF CE              |               |                            | 1234 LOCATION                      |                        |             |             |
|                            |  | (3            | JRIAL, CREMATION, REMOVAL T                               | 10/22/0                 | The second second            |               |                            | 23d. LOCATION                      |                        | ^           | TATE        |
| 11                         | 9BP  | 04.5          | DUKINL I  | 1-19                    | 6 SACRE                      | DN            | EART                       | BALT                               | 0. n                   |             |             |
| 7508                       | DHMH - 17  | 24.1          | INERAL DIRECTOR   | ADDRESS                 |                              |               | 250. DATE R                | EC'D. BY REGISTRAR                 | SS REGISTRAR'          | SIGNATURE   |             |
|                            | (VR A15 ME (5))<br>15M 7/77  | J             | . G. CONNEL   | 4/ 3                    | 00 MI                        | ACL           | = OPT                      | 2 4 1000 I                         | 10                     | han 11 .    |             |
|                            |  |               |   |                         |                              |               |                            | 4 7 100U                           |                        | -           | 77          |

THE REPORT OF THE STATE OF THE PARTY OF THE OF DEPOS OF STATE OF A STATE OF STATE O The the the world STATE OF THE PROPERTY OF THE P CASSAMENTER WAS TO SUL DOWN CONTRACTOR PLOTER THERE THERE IN THE WAY TO LOUIS The Land Company of the State of the Land Company of the State of the

423 | 1265 m Suno 22,596 5 85 4 most state at the stad THE WALL STREET, STREE Sere the ogen farms a margarity Seeles . Too, the last of the contract of the

| 6   | 1             |  |                             | STATE OF MARYLA                              | ND                                      |                            |                      |
|---|---------------|--|-----------------------------|--|---|----------------------------|----------------------|
| 1   | 1.            | FOR<br>STATE<br>REGISTRAR  | DE                          | PARTMENT OF HEALTH AND N<br>CERTIFICATE OF D | EATH                                    | 2 4                        | 9 8 5                |
| (BA)  |               | CEASED NAME FIRST  | WIDOLE                      | LAST   | 2a. DATE OF DEATH                       | MONTH DAY YEA              | R 26 HOUR            |
| (1AL)   |               | maude  | E                           | RICHTE                                       | R 10-30                                 | 0 -80                      | 2.45 AM              |
|   | 3 SE          |  | 4 RACE                      | 5. DATE OF BIRZHT                            | AGE (IN YEARS LAST                      |                            | EAR IF UNDER 24 HRS  |
| oge 4<br>urs o  | LE            | emale  | While                       | SOXXX.                                       | 1892 88                                 | YRS.                       |                      |
| h. P.   |               | RTHPLACE (STATE OR FOREIGN OUNTRY)                                 | 76 CITIZEN OF WHAT COU      | MARRIED NEVER M                              | ARRIED L                                | Y OR COUNTY OF DEATH       | (, 0                 |
| deot  |               | aryland  | U.5.A.                      | 1  |   | KXXXXXXXX Ba               |                      |
| offer of the  | 7             | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, I     | E STREET ADDRESS)                            | (TYPE OF WORK FOR MO                    | ST OF WORKING LIFE! INDUST |                      |
| n by  | _             | atonsville AL RESIDENCE (IF NURSING HOME OF                        | Fores HO                    | AVEN NUCSIN                                  | g Homel House u                         | JITE OWN                   | 1 Home               |
| filled ould b   | 130.          | STATE NI COUR  | VITY 13c CITY O             | RTOWN 13d INSIDE CIT                         |   | 55                         |                      |
| rthin . 2 sho   |               | ATHER'S NAME   | IDAL                        | INOTE YES 15 MOTHER'S                        | MAIDEN NAME                             | K Lawn P                   | venue                |
| mbles ond   | G             | -eorge   | SIN!                        |  | IRST MIDDL                              |                            | chie                 |
| 0   |               | VAS DECEASED EVER IN U.S. AR                                       | MED FORCES? 166. SOCIA      | L SECURITY NO. 17 INFORMAN                   |   | DRESS                      | 2105D                |
| Poges<br>medico   |               | YES, NO OR UNKNOWN) (IF YES, GIV                                   | E WAR OR DATES)             | 5-1837-D YVETTE                              | Hess 16221                              | yanne CT.                  | DOT B                |
| sicio<br>pers.<br>ol.   |               | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE                |                             |  | 5/ /                                    |                            | PROXIMATE INTERVAL   |
| phy<br>onpo<br>emov   |               |  | TE CAUSE (a) MU             | Hope Recu                                    | new stroke                              |                            |                      |
| ading<br>or re  |               | 4310   | DUE TO, OR AS A CON         | ISEQUENCE OF                                 |   |                            |                      |
| ove ove dition,   |               | Conditions, if any, which  | (b)                         |  |   |                            |                      |
| the<br>remo   |               | gove rise to immediate couse (a), stating the                      | DUE TO, OR AS A CON         | ISEQUENCE OF                                 |   |                            |                      |
| d by<br>leose<br>iol, c   |               | underlying cause last.   | (c)                         |  |   |                            |                      |
| signe<br>nen pl<br>n bur<br>jury, o                                       | z             | PART 2/OTHER SIGNIFICANT   | CONDITIONS CONTRIBUTION     | G TO DEATH BUT NOT RELATED                   | TO THE TERMINAL DISEASE OR CO           | J'                         | Titai                |
| nit. I  | CERTIFICATION | 190 DATE OF OPERATION  | LUL CONDITION FOR           | WHICH OPERATION WAS PERFOR                   | RMED 200 AUTOPSY?                       | 20b. IF YES, WERE FIN      | NDINGS LISED         |
| m. hos to   | FIC           |  | V                           |  | YES NOX                                 | IN CERTIFYING CAU          |                      |
| Hygie 18 sho  | ER -          | 21a. ACCIDENT WAS UNDERLYING                                       | 216. TIME OF INJURY         |  | URY OCCURRED (ENTER NATURE OF I         |                            |                      |
| ol-tre  | ICAL          | OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER) |                             | H DAY YEAR                                   |   |                            |                      |
| bur                                   | MEDIC         | 21d. INJURY OCCURRED   | 21e. PLACE OF INJURY        | 21f. LOCATIO                                 | N CITY OR                               | TOWN COUNTY                | 44.45                |
| ter the street hong   | 2             | WHILE NOT WHILE AT WORK  | (AT HOME, STREET, FACTORY,  | OFFICE, FARM, ETC.)                          | CITY OR                                 | TOWN COUNTY                | STATE                |
| R. Afte<br>use as<br>leofth<br>s mork                                     |               | 220.1 certify that (I) (this hosp                                  | ital) attended the deceased | from   | , 19 / , to / O                         | 130 1980                   | , that (1) (we) lost |
| Spito<br>CTOI<br>I for<br>of H  |               | sow the deceased alive on<br>above (1) (ye) (did) (did no          | at New the bady ofter death | 19 ond that in (my) (                        | our) opinion death accurred an th       | e date and hour and from   | the couses stoted    |
| ched<br>ched<br>Ched<br>Ched<br>Ched<br>Ched<br>Ched<br>Ched<br>Ched<br>C |               | 22b. SIGNATURE   | 7//                         | DEGREE                                       |   |                            | ATE SIGNED           |
| Y the   |               | 047808   | 20-0                        | UD A   | TTENDING MEDICAL SHYSICIAN DIRECTOR PHY | SICIAN   10                | 130/80               |
| UNERAL<br>UNERAL<br>drbe det<br>he Stote<br>RTANT:                        |               | 22d. PHYSICIAN'S NAME (TYPE C                                      |                             | ILE. ADDRESS                                 | 20 D. V                                 | 16-1-1                     | 712 6                |
| TO FUNERA should be de with the Stot                                      |               | ITAROLD  | B. BOE                      |  | 20 PATRITY                              | RUM                        | 21208                |
|   | 230.          | BURIAL, CREMATION, REMOVAL   |                             | 234. NAME OF CEMETERY OR C                   | CITY OR TOWN                            | COUNTY                     | STATE                |
| BP  | 1             | Burial   | Nov.1,1980                  |  | Parkvi                                  |                            |                      |
| H - 16 50M 1/76<br>/R A 15 (4) )  |               |  |                             | RAL HOME, INC                                |   | 0. 1                       |                      |



| 6  | 1 -           | FOR<br>STATE<br>REGISTRAR  | CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 9 8 6 |  |           |                                  |  |                                   |                               |
|--|---------------|--|---|--|-----------|----------------------------------|--|-----------------------------------|-------------------------------|
| W  |               | CEASED NAME FIRST OR PRINT) BESS   | 15  | MIDDLE                                 | R         | CKLEN                            | OctoBER  | MONTH DAY                         | 80 530 A                      |
| f may  | 3 SEX         |  | 4 RACE  |  | S. DATE O | F 8IRTH                          | & AGE (IN YEARS LAST BIR                       | THDAY! IF UNDE                    | R I YEAR IF UNDER 24 HR       |
| Page<br>ins af   | /             | EMALE  | WH17  |  |           | 28, 1886                         | 94   | YRS.                              |                               |
| 15 pt 25 2   | CC            | RTHPLACE ISTATE OR FOREIGN DUNTRY) RUSSIA  | 76 CITIZEN OF<br>USA  | WHAT COUNTRY?                          | MARRIE    | NEVER MARRIED AND NORCED         | 9 BALTIMORE CITY O                             | ORE COUNT                         |                               |
| with with the same of the same |               | TY OR TOWN OF DEATH  | 11. NAME OF   |  | IG HOME O | OR OTHER INSTITUTION             | 12e. USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST O | ION 126.                          | KIND OF BUSINESS              |
| ours<br>by by  | -             | IKESVILLE  |   | VILLE NUR                              |           | HOME                             | SEAMSTRE                                       | SS I                              | EPT. STOR                     |
| 24 ho  | 13a S         | TATE 136 COUNTRY   | OTHER INSTITUTION   | 13c CITY OR TOW                        | N         | 13d. INSIDE CITY LIMITS?         | 13e STREET ADDRESS                             |                                   |                               |
| thin ould  |               | ARYLAND  |   | BALTIMO                                | RE        | YES XXX NO                       | 3301 LUD                                       | GATE RD.                          | #21215                        |
| 1 wi   | 14 FA         | THER'S NAME<br>FIRST   | MIDDLE  | LAST                                   |           | 15 MOTHER'S MAIDEN NAM<br>FIRST  | AE MIDDLE                                      |                                   | LAST                          |
| and and a  |               | HENRY  |   | FAGAN                                  |           |                                  | ANA  |                                   | NKNOWN                        |
| d co   | 16a W         | AS DECEASED EVER IN U.S. AR  | MED FORCES?   | 166 SOCIAL SECU                        | IRITY NO  | 17 INFORMANT MRS                 | . ANNETTE T                                    | MANOFF                            |                               |
| e be example an and Pages  |               | NO   | WAN ON DAILS  | 213-10-                                | 7608A     | 2206 SHEFFLI                     |  |                                   | 21209                         |
| ficate<br>/sicia<br>oers.<br>oval.   |               | It CAUSE OF DEATH (Enter on  | ly one couse oe   |  |           | moule Ac                         | •  |                                   | APPROXIMATE INTERVAL          |
| res that the death caded by the attending ease remove carbon rial, cremation, or rry, or other trauma  |               | Conditions, if any, which gove rise to immediate couse (o), stoting the underlying cause last  | (b)_  | DR AS A CONSEQUE                       |           |                                  |  |                                   |                               |
| requi  | NO            | PART 2 OTHER SIGNIFICANT   | CONDITIONS C  | ONTRIBUTING TO I                       | DEATH BUT | NOT RELATED TO THE TERMI         | INAL DISEASE OR CON                            | DITION GIVEN IN F                 | PART I(o)                     |
| I: The law te has bee bermit. Ti iene prior shows an   | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONE  | DITION FOR WHICH                       | OPERATIO  | N WAS PERFORMED                  | 200 AUTOPSY?                                   | 206. IF YES, WERE IN CERTIFYING C | FINDINGS USED AUSES OF DEATH? |
| HYSICIAN: The physician. is certificate has ial-transit perm lental Hygiene por Item 18 show   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA                                      | HOUR A  | OF INJURY<br>I.M. MONTH DA             | AY YEAR   | 21c HOW INJURY OCCURR            | ED (ENTER NATURE OF INJU                       | RY IN ITEM 18, PART 1 OR          | PART 2)                       |
| NDING PH<br>attending r<br>3: After this<br>as the buri<br>alth and Me<br>is marked o  | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | (AT HOME, SI  | OF INJURY<br>TREET, FACTORY, OFFICE, F |           | 211 LOCATION<br>STREET           | CITY OR TO                                     | WN COU                            | NTY STATE                     |
| ATTEN<br>tal or a<br>CTOR:<br>or use a<br>of Heal  |               | 22a.1 certify that (1) (this hospi<br>saw the deceosed alive on<br>above, (1) (we) (did) (did) | tol) oftended t   | he deceased from                       | r0 an     | od that in (my) (aur) opinion d  | , tol<br>leath accurred on the d               |                                   | om the couses stated          |
| ITAL OFF (yy the hosping RAL DIRE detached for the form).  |               | 22b. SIGNATURE   | perly   | 0                                      | (         | DEGREE<br>ATTENDING<br>PHYSICIAN | MEDICAL STA                                    | FF _                              | DATE SIGNED                   |
| OSPI<br>red by<br>UNER<br>dbe d<br>dbe d<br>BTAN   |               | DR. RONALD I   |   |  |           | 8501 LIBERT                      | Y RD. RA                                       | ANDALLSTO                         | VN, MD 211                    |
| TO F<br>shoul  | 23a. R        | GRIAL, CREMATION, REMOVAL  | 236. DATE   | / 230, 1                               | NAME OF C | EMETERY OR CREMATORY             | 23d. LOCATION                                  |                                   |                               |
| BP   | 1/2           | Turial   | Oct   | 9/80. No                               | cone 11   | - yours men                      | Wordlo   | wy county                         | n aylan                       |

telling relievely layer will MITTE (S 2) 02 10 20 21 11 12 12 14 1

on popers. Poges 1 and 2 sh

and Mental Hygiene prior to burial, cremation, or remova

injury, ar other traumotic

completely

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCICAL

| 1  | 1 -            | STATE<br>REGISTRAR   |              |                   | our Anna                 | CERTIF     | ICATE OF       | DEATH               | REG.                    | NO.          | 2 4          | 7         | 0/                                |  |
|----|----------------|--|--------------|-------------------|--------------------------|------------|----------------|---------------------|-------------------------|--------------|--------------|-----------|-----------------------------------|--|
| )  |                | CEASED NAME  | FIRST        |                   | MIDDLE                   |            | LAST           |                     | 20. DATE OF DEATH       |              | DAY          | YEAR      | 2b. HOUR                          |  |
| /  | {iire          | OR PRINT)  | Emmet        | t                 | L.                       | Rite       | nour           |                     |                         | 10           | 2 75         | 980       | 8:27 p                            |  |
|    | 3. SEX         | (  |              | 4. RACE           |                          | 5. DATE O  |                |                     | 6. AGE (IN YEARS LAST   | BIRTHDAY     | IF UNDE      | ER I YEAR | IF UNDER 24 HRS                   |  |
|    |                | Male   | 1 - 1        | Wh                | ite                      | 5 MONTH    | 7              | 1912                | 68                      | YR           | MONTHS       | DAYS      | HOURS MIN.                        |  |
|    |                | RTHPLACE (STATE OR   | FOREIGN      | 76. CITIZEN OF    | WHAT COUNTRY?            | 8.         | 7252           |                     | 9. BALTIMORE CITY       |              |              | ATH       |                                   |  |
| 3  |                | OUNTRY) VA   |              | USA               |                          | WIDOWE     | ****           | MARRIED !           | Baltimor                | e Cor        | ıntu         |           | MI                                |  |
|    | 10. CI         | TY OR TOWN OF DE.  | ATH          |                   | HOSPITAL, NURSIN         | G HOME C   |                | MOITUTITE           | 120 USUAL OCCUP         | ATION        | 12b.         |           | OF BUSINESS OF                    |  |
| 5  | Ra             | andalls tow  | n            | Baltimo           | re County                | Gene       | ral Ho         | spital              | Carpente                |              | (G LIFE) IND | DUSTRY    |                                   |  |
|    | USUA<br>13a. S | AL RESIDENCE (IF NUR   |              | OTHER INSTITUTION |                          | ADMISSION) |                |                     | 13e STREET ADDRES       |              |              |           |                                   |  |
| 5  | , , , ,        | MD   | Balti        | more              | Woodlawn                 |            | YES            | NO.                 | 2107 L                  |              | 1210         |           |                                   |  |
|    | 14. FA         | THER'S NAME  | 111.00       |                   |                          |            | 15. MOTHER     | 'S MAIDEN NA        | ME                      |              | ave.         |           |                                   |  |
| 0  | 97)            | Randolph   | Î            | AIDDLE            | Riten                    | our        | S              | arah                | WIDDLE                  |              | 7            | insh      | liter                             |  |
| 1  |                | AS DECEASED EVER   |              |                   | 166 SOCIAL SECU          |            | 17. INFORM     |                     | Ollie Rit               | RESS         | 2            | 10016     | KLUEI.                            |  |
|    | (4             | Yes Yes  | WW           | TT                | 215-05-48                | 829 A      | 2107           | Luaine A            | Ave., Balt              | imore        | MD.          | 272       | 07                                |  |
|    |                | 18 CAUSE OF DEAT   |              | y ane cause pe    | lige far (a), (b), and   | d (c).)    | 14             |                     |                         | 0.11.01      |              |           | ONATE PATERVAL<br>ONSET AND DEATH |  |
|    |                | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Cremony Throwbox |              |                   |                          |            |                |                     |                         |              |              |           | W/                                |  |
|    |                | 1/4.00   |              |                   |                          |            |                |                     |                         |              |              | 51        | 5                                 |  |
| ä  |                | Conditions, it any, which ( ) Aller Meles ( ) Aller ( )            |              |                   |                          |            |                |                     |                         |              |              | 3/161     |                                   |  |
|    |                | gave rise to important cause (a), statis                           | mediate      | DUE TO, O         | DAS A CONSEQUE           | NCE OF     | Marie 1        |                     |                         |              | 2011         | . ]       |                                   |  |
|    |                | underlying cause   |              | (6)               | Condett                  | 0          | Huar           | Tenus               | bere                    |              |              | 12        | yton                              |  |
|    |                | PART 2. OTHER SIGI   | NIFICANTO    | ONDITIONS C       | ONTRIBUTING TO D         | EATH BUT   | NOT RELATE     | D TO THE TERM       | INAL DISEASE OR CO      | NOITION      | GIVEN IN I   | PART 10   | 01                                |  |
|    | CERTIFICATION  | HIS VIEW   |              |                   |                          |            |                |                     |                         |              |              |           |                                   |  |
| 1  | CAT            | 190. DATE OF OPERA   | TION         | 19b. COND         | ITION FOR WHICH          | OPERATIO   | N WAS PERF     | ORMED               | 20a AUTOPSY?            |              |              |           | NGS USED<br>OF DEATH?             |  |
| 1  | TIF            |  |              | 132               |                          |            |                |                     | YES NO                  | IN CEI       | YES          | LAUSES    | NO [                              |  |
| 0  | CER            | 21a. ACCIDENT WAS UN   |              | 21b. TIME C       | OF INJURY<br>M. MONTH DA | Y YEAR     | 21c. HOW I     | VJURY OCCURR        | RED (ENTER NATURE OF IN | JURY IN ITEM | 18 PART I OR | PART 2)   |                                   |  |
| 7  | SAL            | OR CONTRIBUTING [  |              | In .              | M. MONTH DA              |            |                |                     |                         |              |              |           |                                   |  |
| 7  | MEDICAL        | 21d INJURY OCCUR   | RED          |                   | OF INJURY                |            | 21f. LOCAT     |                     | CITY OF                 | IAWOI        | 50           | VINITY    | STATE                             |  |
| Н  | ×              | WHILE NOT WHILE AT WORK AT WORK AT WORK                            |              |                   |                          |            |                |                     |                         |              |              |           | SIAIL                             |  |
| Н  | -9             | 220 I certify that (I)   | (this hospit | al) attended th   | ne deceased from         | M          | 10             | 19 3                | _, to _ OL              | du           | Z-19 F       | 0         | that (I) (we) loss                |  |
| 30 |                | sow the deceas<br>abave, (I) (wa)                                  | ed olive on_ | ) view the hadu   | 9/6 198                  | , ar       | nd that in (my | ) (oor) opinion o   | death occurred an the   | date and     | haur and fi  | ram the   | causes stated                     |  |
|    |                | 22b. SIGNATURE   | (did fiel    | w.                | diferdediff.             | 1          | DEGREE         | 900                 | ,                       |              | 72           | L DATE    | SIGNED /                          |  |
|    |                | aden   | - 1          | 1914              | der & (AV)               | )          |                | ATTENDING PHYSICIAN | MEDICAL ST              | AFF          |              | 10        | 13/80                             |  |
| )  |                | 22d. PHYSICIAN'S N.  |              |                   |                          |            | 22e. ADDRE     |                     |                         |              |              | 1         | -                                 |  |
|    |                | Edwin L.   | Pierp        | ont               |                          |            | 8204           | Libert              | y Rd., Bai              | ltimo:       | re, M        | D 23      | 1207                              |  |

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this

MPORTANT: If Item 21 is should be detached for with the State Dept of

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE Burial

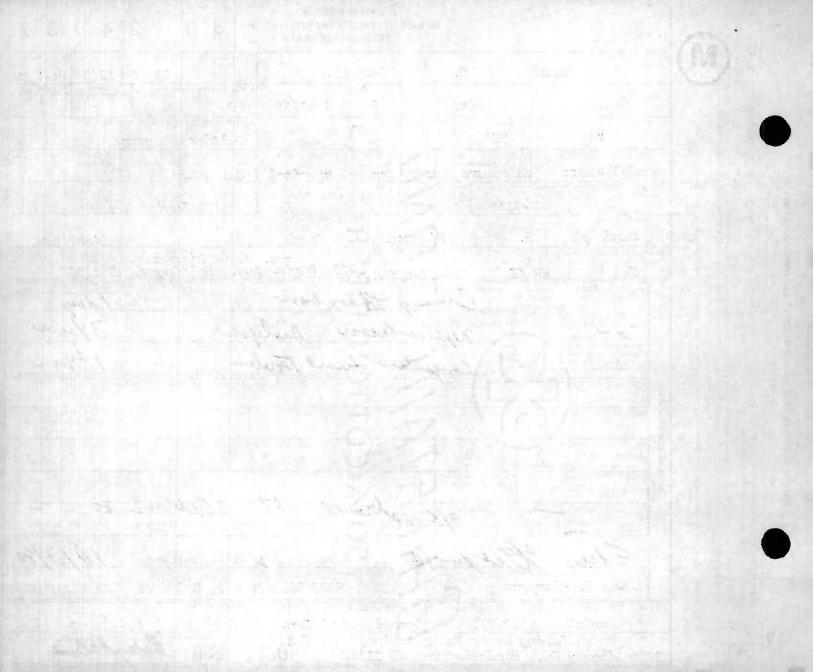
231. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.

23d. LOCATION
CITY OR TOWN
WOOd Lawn

MD Baltimore

10/6/80 Loring Byers Funeral Directors, P. A50. DATE REC'D. BY REGISTRAR 256 GISTRAR 24. FUNERAL DIRECTOR 8728 Liberty Rd., Randallstown, MD 21133

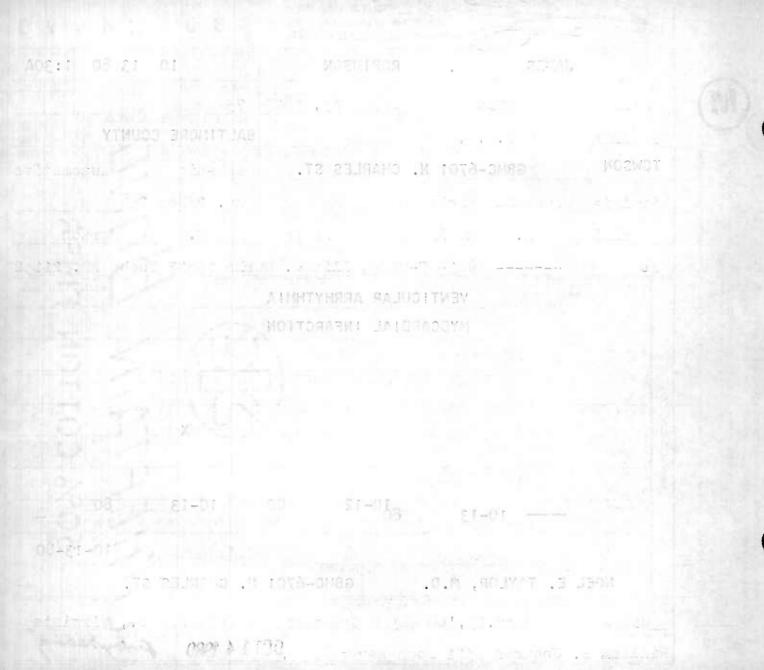
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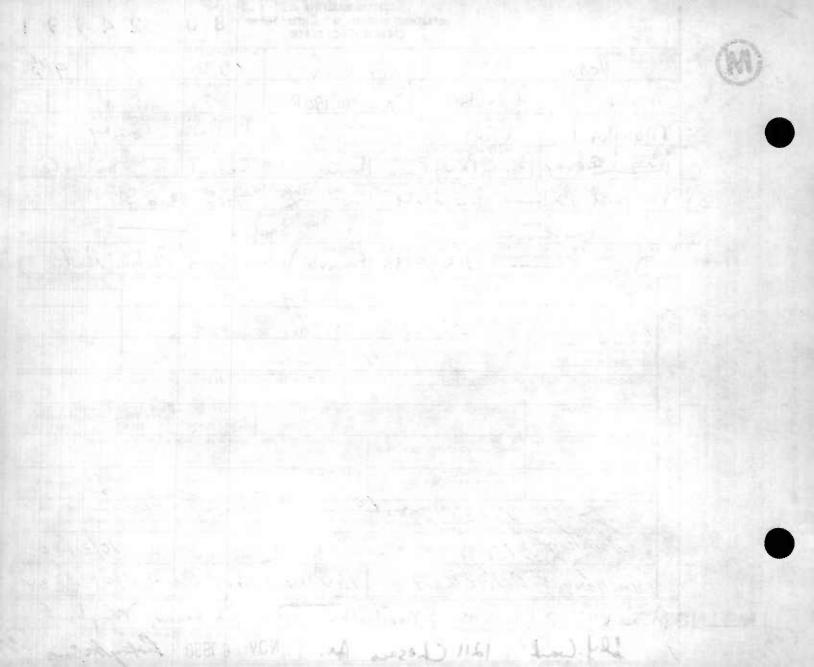
|   | 1             |  |  | STATE OF           | MARYLAND                         |                            |                      |   |
|---|---------------|--|--|--------------------|----------------------------------|----------------------------|----------------------|---|
| 10  | - 11          | FOR<br>STATE<br>REGISTRAR  | Water Services                                       | CERTIFICA          | TH AND MENTAL HYG<br>TE OF DEATH | REG. NO                    | 2.                   | 4 9 8                                       |
| 1,  | 1. DE         | CEASED NAME FIRST  | WIDDLE   | LAST               |                                  | 20. DATE OF DEATH          | MONTH DAY            | YEAR 2b. HOUR                               |
| a the   |               | ANNA   | $\mathcal{H}$ .                                      | ROBBI              | NS                               |                            | 10-27.               | -80 73                                      |
| - O   | 3. SE         |  | 4 RACE   | 5. DATE OF BI      |                                  | & AGE (IN YEARS LAST BIRT  | HDAY) IF UND         | ER I YEAR IF UNITED AND                     |
| ours after deat   |               | Female   | White  | Dec.               | 8 1893                           | 86                         | YRS.                 | DAYS HOURS MH                               |
| ato   | Je: B         | IRTHPLACE (STATE OR FOREIGN OUNTRY)                                      | 76 CITIZEN OF WHAT COUN                              | TRY2 8             | NEVER MARRIED                    | 9. BALTIMORE CITY O        |                      | EATH  |
| 2 33  |               | aryland  | U.S.A.   | WIDOWED            |                                  | Baltimo                    | re Coun              | tor   |
| within  |               | ITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NU                             | URSING HOME OR O   |                                  | 12a USUAL OCCUPATE         | ON 126               | KIND OF BUSINESS                            |
| 155   | R             | andallstown  | Balto. Co.   | Gen eral           | Hospital                         | Housewife                  |                      | wn Home                                     |
| mus —   | USU           | AL RESIDENCE (IF NURSING HOME OF   | OTHER INSTITUTION, GIVE RESIDENCE                    | BEFORE ADMISSION)  |                                  |                            |                      | WII HOME                                    |
| onld bin  | M             | STATE 136 COUN   | lto. Balto   |                    | INSIDE CITY LIMITS?              | 6214 Lib                   | and how II           | -1-1-4- M                                   |
| exam  | -             | ATHER'S NAME   | Luo. Dalue   |                    | MOTHER'S MAIDEN NA               |                            | erity H              | eights To                                   |
| 20 g3 C   |               | FIRST  | MIDDLE LAST  |                    | FIRST                            | MIDDLE                     |                      | LAST  |
| pa-   |               | Joseph N. Mcl  | cenny  | SECURITY NO. 17    | Lda<br>INFORMANT                 | D ADDRE                    | 1                    | anner                                       |
| the m   |               |  | E WAR OR DATES)                                      |                    |                                  |                            |                      |   |
|   |               | No   | 219-3  | 30-9833 M          | Irs.Patric                       | ia R. Pet                  | erson T              | APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT |
| please remove<br>burial, cremation<br>injury, or other                      |               | cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT ( | DUE TO, OR AS A CONS                                 |                    | I DEL ATEN TO THE TENA           | INIAI DISEASE OD CONI      | DITION GIVEN IN      | DART 1/a                                    |
| 2 t 5 >   | Z             | ARTERIOSE  |  | ALDED WATE         |                                  | DISEASE                    | JITION GIVEN IN      | PARI IId                                    |
| ene prior<br>shows an   | CERTIFICATION | 19a DATE OF OPERATION  | 196 CONDITION FOR WI                                 |                    |                                  | 200 AUTOPSY?               | IN CERTIFYING        | E FINDINGS USED CAUSES OF DEATH?            |
| 100 80  | 1 5           | 71a. ACCIDENT WAS UNDERLYING   | 7 216. TIME OF INJURY                                | In                 | HOW IN HIRV OCCUPY               | YES NO.                    | YES 🗌                | NO 🗍  |
| tem 4   |               | OR CONTRIBUTING CAUSE OF DEA   |  | DAY YEAR           | THO W HAJORI OCCOR               | KED (ENTER NATURE OF INJUR | TINITEM IS, PART TOR | PARI 2                                      |
| Ment or I   | MEDICAL       | JIF EITHER, NOTIFY MEDICAL EXAMINER                                      | P.M.   | 19                 | 1001701                          |                            |                      |   |
| s the burial-transit perm<br>th and Mental Hygiene<br>marked or Item 18 sho | MED           | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK                            | 218 PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | LOCATION<br>STREET               | CITY OR TOW                | IN COL               | UNTY STATE                                  |
| feall is  |               | 22a.1 certify that (1) (this hosp)                                       | tal) attended the deceased fr                        | ram                | 19 80                            |                            | -2/ 19               | 20_, that (I) (we) I                        |
| for u<br>of h   |               | saw the deceased alive an  | ALview the bady after death.                         | 19 (O, and th      | at in (my) (aur) apinian         | death occurred an the do   | ate and have and f   | ram the causes stated                       |
| Dept.   |               | 22b. SIGNATURE   | was me oddy drier deam.                              | DEG                | REE                              |                            | 2:                   | C. DATE SIGNED                              |
| detach<br>tate D  |               | 1/2  | 3  |                    | ATTENDING<br>PHYSICIAN           | MEDICAL STAF               |                      | 10-29-1                                     |
| should be detactivity the State IMPDRTANT:                                  |               | 224. PHYSICIAN'S NAME (TYPE O  | R PRINT)   | 226                | ADDRESS                          | J DIRECTOR D THIS          |                      | 10 //-                                      |
| DR.   |               | CATANDO B  | COMMUNA  | 1) 11 3            | BC64- H                          | 2 AND DAVICE               |                      | 1 210                                       |
| should be with the S  | 220 1         | BURIAL, CREMATION, REMOVAL   | 23b. DATE  | 22 NAME OF CTUE    | TERY OR CREMATORY                | 123d LOCATION              | MUN M                | . 70  |
|   | (             | SPECIFY)   |  |                    |                                  | CITY OR TOWN               | Rolto                |   |
|   |               | urial UNERAL DIRECTOR  | 10-30-80   | Woodlawn           |                                  | Woodlawn                   | PERSONAL             |   |
| 1H-16 25M<br>15, 4) 1/79  | 77            | NAME   | ADDRES   | 35 1               | ck Rd. 30 PA                     | 3 0 1980                   | March Service        | - Commy                                     |
| 15, 4) 1/79   | 1 H           | .W. Jenkins  | & Sons Co.   | Balto.             | Md. OUI                          | 0 0 1000                   |                      |   |

Part 2 5 0 8 visit development defends enoting attrapposit then I am a colfus mentalis of the state of the s a speciment of the second of t The work is a second of the second second to the second se Hele without the still religion of Labor releasing of policies in Alberta

. . . strings yas ol term, County -Neck ecomodies days in a large of the bearing ies ..... Pl II ... 736-5 -5794 Joyce V. Rebinson Belto. Mt. 20120 t led of 10/17/145 Verding Ceneral - estend Ceneral De W. 1. 7922 Mac are, threath, ed. 21222



| 12                  | ~  |                                | 1.            | FOR<br>STATE<br>REGISTRAR                            | 24991  |  |  |  |   |
|---------------------|--|--------------------------------|---------------|--|--|--|--|--|---|
|                     | (M)  |                                |               | CEASED NAME PRST                                     |  | DINSON<br>OF BIRTH   | 20 DATE OF DEATH MONTH  10/30/80  6 AGE (IN YEARS LAST BIRTHDAY) | DAY YEAR 25. HOUR 9 9 MM  IF UNDER 1 YEAR IF UNDER 24 HRS                      |   |
|                     | death. Page 4<br>neral director,<br>72 hours afte  | fied at once.                  |               | Mache<br>RTHPLACE (STATE OR FOREIGN<br>WITH CONCLETE | 76 CITIZEN OF WHAT COUNTRY? MARRIE WIDOW   | DE NEVER MARRIED   | 19 - YRS.  1 BATTIMORE CITY OR COUNTY  Partimore                 | MONTHS DAYS HOURS MIN  |   |
| 1201                | hours after<br>in by the fur<br>filed within   | nust be not                    | 1             | Y OR TOWN OF DEATH                                   | 1 NAME OF HOSPITAL, NURSING HOME IF NOT IN SUCH EXCHITY, GIVE STREEH ADDRESS)  OTHER INSTITUTION, GIVE, RESIDENCE BEFORE ADMISSION                     | OR OTHER INSTITUTION   | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L         | 126. KIND OF BUSINESS OR   |   |
| MARYLAND 2120       | within 24<br>tely filled<br>should be  | example                        | Y             | hay and Ball   | fem 13/EITY OR TOWN  | 134. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA  | 130 STREET ADDRESS<br>7912 3310                                  | St.  |   |
|                     | complete   | 130                            |               | FIRST  | MIDDLE LAST  | FIRST SIA  | roli è middle  | LAST   |   |
| BALTIMORE,          | te be exe  | nt, the m                      | 160 \         | VAS DECEASED EVER IN U.S. AR.                        | MED FORCES? 166 SOCIAL SECURITY NO. 213039333  | IZINFORMANT<br>Francis K Ma  | Ism 8405 Bol   |  |   |
| 201 W. PRESTON ST., | requires that the death certifics signed by the attending physic nen please remove carbon papers to burial, cremation, or remova | injury, or other traumatic eve | z             | Z  | PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause last.                        | DUE TO, OR AS A CONSEQUENCE OF  LECTURE OF THE CONTRIBUTIONS TO DEATH BU   | 9 SCUD   | NCLITUSIS  | BETWEEN ONSET AND DEATH  DET IN PART 1(a) |
| AL RECORDS,         | ne law<br>is beer<br>nit. Th<br>prior  | 3 shows an                     | CERTIFICATION | 190 DATE OF OPERATION                                | 1% CONDITION FOR WHICH OPERATIO  | ON WAS PERFORMED   | IN CERTI   | S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \bigcap \) NO \( \bigcap \) |   |
| DIVISION OF VITAL   | hysicia<br>hysicia<br>certifia<br>terans   | marked or Item 18              | MEDICAL CER   |  | 218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE ONT WHILE AT WORK AT WORK | The state of the s |  | RRED (ENTER NATURE OF INJURY IN ITEM 18.                                       | COUNTY STATE                              |
| •                   | OR ATTEN hospital or a OIRECTOR: hed for use a Dept. of Heal   | If Item 21 is                  | (4) (5)       |  | oi) ottended the descored from 80.00 mg. the body offer death.   | DEGREE ATTENDING   | death occurred on the date and had                               | or and from the couses stated  225. DATE SIGNED                                |   |
|                     | TO HOSPITAL retained by the TO FUNERAL should be detact with the State E   | MPORTANT                       |               | PRITH BAY  | CAROZZA  | 1801 Wen   | tworth Rd S  | alto m ol 34   |   |
|                     | BP   | 117                            |               | URIAL, CREMATION, REMOVAL                            | May 3, 1980 Missel   |  |  | Drug Gast.   |   |
| 7411                | DHMH-16 2<br>(VRA 15, 4)   | 25M<br>1/79                    | 24. FI        | INERAL DIRECTOR NAME  WAT  COM                       | 1 1211 ADDRESS Lesau   | A 0.4  | OV 6 1980  | TRAR'S SIGNATURE   |   |



BALTO., MD

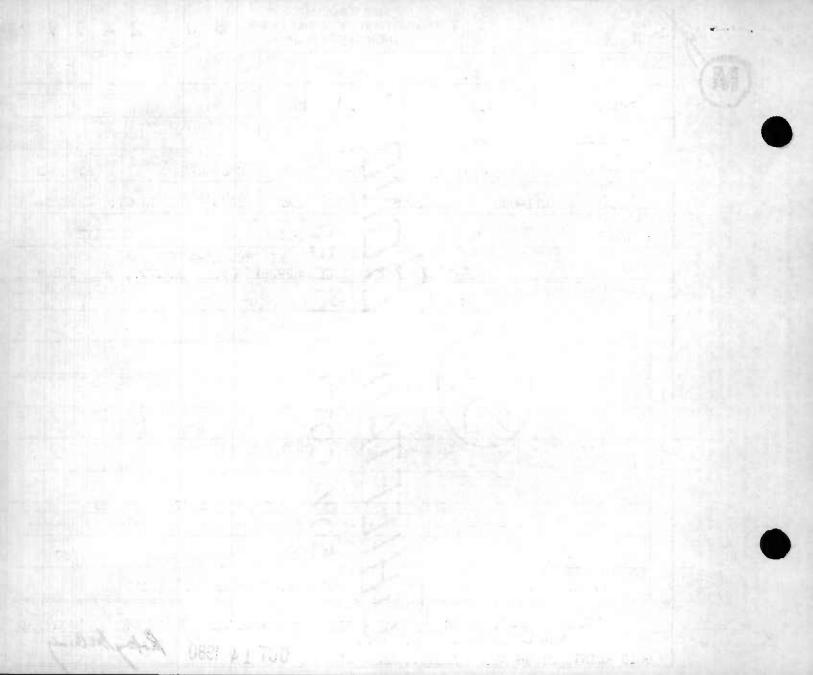
FOR

6010 REISTERSTOWN RD.

STATE OF MARYLAND

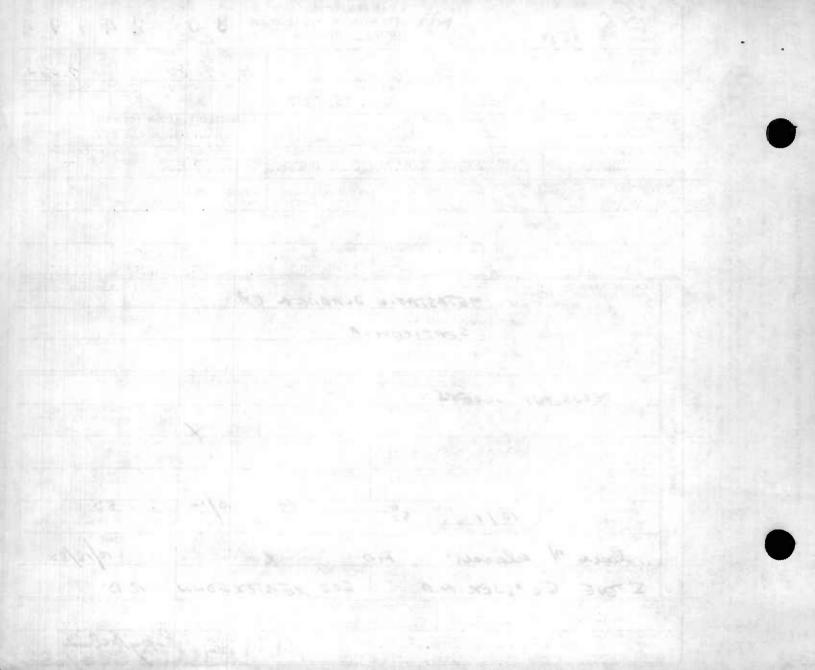
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

21215



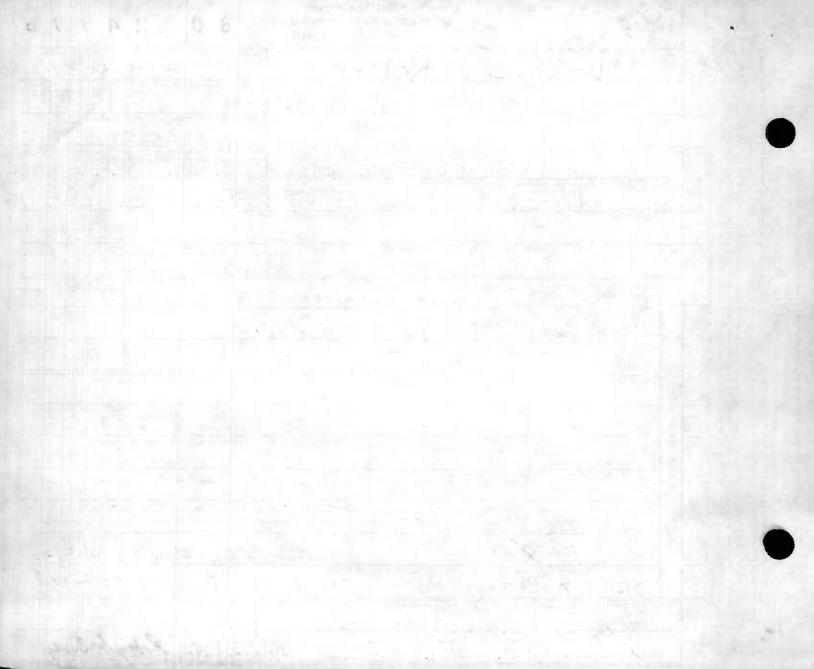
A STATE OF THE STA 

|               |               | FOR<br>- STATE   | DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 9 9 4        |   |   |                                  |   |  |  |  |  |
|---------------|---------------|--|--|---|---|----------------------------------|---|--|--|--|--|
| •             |               | REGISTRAR  | HOTHER SERVICE   | CERTIFICATE OF DEATH                        | REG. NO.  |                                  |   |  |  |  |  |
| , m.e         |               | CEASED NAME FIRST  | JESSE  | LAST  | 20 DATE OF DEATH  |                                  | 2b. HOUR  |  |  |  |  |
| 73            | 3. SE         | Joseph   | RACE   | DERG<br>S DATE OF BIRTH                     | 10-19-8   |                                  | 7:40 A  |  |  |  |  |
| The Carlo     |               | MALE D   | WHITE  | OCT. 15, 1899                               | 81  |                                  |   |  |  |  |  |
| orneral di    | L             | NEW YORK   | USA  | MARRIED NEVER MARRIED WIDOWED XXX DIVORCED  | BALTIMORE COUNTY M  |                                  |   |  |  |  |  |
| 190           |               | RANDALLSTOWN   |  | NVALESCENT CENTER                           | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PHARMACIST DRUGS  DRUGS |                                  |   |  |  |  |  |
| should be     | 130.          | AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNT MARYLAND ATHER'S NAME  |  | 134 INSIDE CITY LIMITS?                     |   | ALTO. ST.                        | #21231  |  |  |  |  |
| 300           |               |  | ROSENBERO  | FIRST                                       | WIDDLE  |                                  | HEN   |  |  |  |  |
| the med       |               | WAS DECEASED EVER IN U.S. ARM<br>(YES, NO OR UNKNOWN) (IF YES, GIVE Y  | ED FORCES? 16b. SOCIAL SECUR                                 | TITY NO 17 INFORMANT MR.                    | EDWARD ROSE   | NBERG                            |   |  |  |  |  |
| en.           |               | NO   | 212-21-0   |   | RD., OWINGS   |                                  | 21117<br>OXIMATE INTERVAL<br>EN ONSET AND DEATH |  |  |  |  |
| natic ev      |               | PART I. DEATH WAS CAUSED   |  |   | CA.   | BETWE                            | EN ONSET AND DEATH                              |  |  |  |  |
| r traur       |               | Canditions, if any, which  | DUE TO, OR AS A CONSEQUEN                                    | CE OF                                       | .>  |                                  |   |  |  |  |  |
| al, crema     |               | gave rise to immediate cause 101, stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF                               |  |   |   |                                  |   |  |  |  |  |
| y injury      | Z             | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 |  |   |   |                                  |   |  |  |  |  |
| n 18 shows ar | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR WHICH (                                    | DPERATION WAS PERFORMED                     | 200 AUTOPSY?  | 206. IF YES, WERE FINING CAUS    | DINGS USED<br>SES OF DEATH?                     |  |  |  |  |
| or Item 18    |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  | 21b. TIME OF INJURY<br>HOUR A.M. MONTH DA                    | Y YEAR                                      |   |                                  |   |  |  |  |  |
| markedo       | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE, FA | RM, ETC.) 211 LOCATION<br>STREET            | CITY OR TOW   | N COUNTY                         | STATE   |  |  |  |  |
| m 21 is r     |               | 22e I certify that (1) (this haspital saw the deceased alive an above, (1) (we) (did) (did nat)                                    | 10/1   | 6 , 19 / 5 . ond that in (my) (aur) apinion | to 10/19 death accurred on the do   | 19_85<br>ate and hour and from t | a, mai (i) (we) ias                             |  |  |  |  |
| NT: If Ite    |               | Flever H.  | ulense.  | DEGREE ATTENDING PHYSICIAN                  | MEDICAL STAF  | F                                | TE SIGNED                                       |  |  |  |  |
| IMPORTANT:    |               | 274 PHYSICIAN'S NAME (TYPE OR P  | CASSER NID.  | 600 RES                                     | STERSTOWN   | RD.                              |   |  |  |  |  |
| 3 2           | 230           |  | ham as   | AME OF CEMETERY OR CREMATORY                | 23d. LOCATION<br>CITY OR TOWN   | COUNTY                           | STATE   |  |  |  |  |
| 5 25M         | 24. F         |  | VINSON & BROS.,  | EATER BALTO, LODGI                          | E BALTIN<br>EREC'D. BY REGISTRAR<br>2 1000  | MORE MAR                         | YLAND<br>TURE                                   |  |  |  |  |
| , 4) 1/79     |               | 6010 REISTERSTOW   | N RD. BALTO  | 001   | ~ 1300  |                                  |   |  |  |  |  |



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|   |   |  |                           |  |               |   |                                    | STATI       | OF MARYLANI            | D         |                               |  |                     |                                  |
|---|---|--|---------------------------|--|---------------|---|------------------------------------|-------------|------------------------|-----------|-------------------------------|--|---------------------|----------------------------------|
| 6   |   |  | FOR<br>STATE<br>REGISTRAR |  |               | CERTIFICATE OF DEATH  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 4 9 9 6 |                                    |             |                        |           |                               |  |                     |                                  |
| ,   | ( AA  |  |                           | CEASED NAME  | FIRST         |   | AIDOLE                             | ) , '       | AST                    |           | 20 DATE OF DEATH              | MONTH D                                | AY YEAR             | 2b. HOUR                         |
|   | A Ing   | 1  |                           |  | -en           | ore   | *                                  | COT         | er                     |           |                               | 10 1:                                  | 5 80                | 5.20 AM                          |
|   | 9   |  | 3. SE                     |  |               | 4 RACE  |                                    | 5 DATE O    | F BIRTH DAY            | YEAR      | 6. AGE (IN YEARS LAST BIR     |  | FUNDER I YEAR       | IF UNDER 24 HRS                  |
|   | age 4   | nce.                                       |                           | FEMAL  | E             | cane  | ACION                              | 01          | 04                     | 34        | 46                            | YRS.                                   | ONINS DATS          | MOUNS MAY                        |
|   | d in di   | 10   |                           | RTHPLACE (STATE OR   | FOREIGN       | 76 CITIZEN OF   | WHAT COUNTRY                       | 8<br>MADDIE | XNEVER MAI             | PRIED [   | BALTIMORE CITY                | R COUNTY                               | OF DEATH            |                                  |
|   | deal deal   | 6 /  |                           | NEW YORK   |               | USA   | 1                                  | WIDOWE      |                        | RCED      | BALTIMO                       | RE COU                                 | NTY                 | MD.                              |
|   | after<br>he fu                                      | 0  | 10 C                      | TY OR TOWN OF DE   | ATH           |   | OSPITAL, NURSI                     |             | R OTHER INSTITU        | NOITU     | 126. USUAL OCCUPAT            |  | 126 KIND C          | F BUSINESS OR                    |
| 50  | by t  | Cg O                                       |                           | ANDALLSTO  |               | BALTIN  | MORE COU                           | VTY GE      | N. HOSPI               | TAL /     | ADMN. ASS                     |  |                     | OUNDATION                        |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 | 24 ho<br>ed in                                      | E-7 /                                      | USU<br>13a.               | AL RESIDENCE (IF NUE                                       | 13b COUN      |   | GIVE RESIDENCE BEFOR               |             | 134. INSIDE CITY       | LIMITS: 1 | 130. STREET ADDRESS           |  |                     |                                  |
| QN V  | fille   |  | M                         | ARYLAND  | BA            | LTO.  | RANDALI                            |             |                        | 0         | 9835 TOLWO                    | RTH CI                                 | R. #:               | 21133                            |
| EY.   | wit   | × 5  | 14. F/                    | THER'S NAME  |               | AIDOLF  | LAST                               |             | 15 MOTHER'S M          |           | AE MIDDLE                     |  | 1.45                |                                  |
| W   | mple  | (JE)                                       |                           | HARF   | RY            | I   | EPSTEIN                            | 40.00       |                        | ERTIE     | MIDDLE                        |  | MIDDLË              | MAN                              |
| ORE,  | exec<br>ad co                                       | E  |                           | VAS DECEASED EVER  |               | WED FORCES?   | 166 SOCIAL SEC                     | JRITY NO.   | 17 INFORMANT           | NORE      | BERT ROTTER                   | ss 9835                                | TOLWO               | RTH CIR.                         |
| IIW   | e be  | t, the                                     |                           | NO   |               |   | 117-26-                            | 5193        |                        | RANI      | DALLSTOWN,                    | MD 211                                 |                     |                                  |
| BALI  | ficat   | oval.                                      |                           | IS CAUSE OF DEA  | TH (Enter on  | y one cause per   | line for (a), (b), a               | nd (c)      |                        |           |                               | 0 1                                    | BETWEEN             | MATE INTERVAL<br>ONSET AND DEATH |
| 51.   | certi   | rem  |                           | PART I. DEATH V  |               | E CAUSE (a)   | ACUTE                              | HA          | EMORR.                 | AGIC      | PANCREA                       | -77715                                 |                     |                                  |
| Z   | aath<br>ndin  | aum a                                      |                           | 3770   |               | DUE TO OF   | LAS A CONSEQU                      | ENCE.OF     |                        | 0         | ,                             |  |                     |                                  |
| EST   | he de   | ation<br>er tr                             | m                         | Conditions, if on  |               | ( (b)   | Acn                                | a R         | enal                   | Fai       | nere                          |  |                     |                                  |
| . P.R.  | the the   | r oth                                      |                           | gave rise to im<br>cause (a), stati                        | ng the        | DUETO, OF   | AS A CONSEQU                       | ENCE OF     | 1 44.6                 |           |                               |  |                     |                                  |
| 5   | res th  | v, o                                       |                           | underlying cous  | e lost.       | (c)   | Brial                              | elb         | Irelli-                | tuo,      |                               |  |                     |                                  |
| 5, 20   | equi  | en plu<br>co bu<br>inju                    | 7                         | PART 2 OTHER SIG   | NIFICANT      | ONDITIONS CO  | NTRIBUTING TO                      | DEATH BUT   | NOT RELATED TO         | THE TERMI | NAL DISEASE OR CON            | DITION GIVE                            | N IN PART 1         | 01                               |
| OKO.  | aw r  | an)  | CERTIFICATION             |  |               |   |                                    |             | -                      |           |                               |  |                     |                                  |
| REC   | The has t   | shows                                      | FIGA                      | 19a DATE OF OPERA  | ATION         | 196 CONDI   | TION FOR WHICH                     | OPERATION   | N WAS PERFORM          | NED       | 29a AUTOPSY?                  | 106. IF YES,<br>IN CERTIFY             | WERE FINDING CAUSES | OF DEATH?                        |
| Z   | In.   | 18 st                                      | E                         |  |               |   |                                    |             | Taxon.                 |           | YES NO                        | YES                                    |                     | но 🗆                             |
| Ž   | IG PHYSICIAN: Iding physician. Ler this certificate | Item 18                                    |                           | OR CONTRIBUTING  |               | 1100110 1   | M. MONTH D                         | AY YEAR     | TIC HOW INJUI          | RY OCCURR | ED JENTER NATURE OF INJUI     | RY IN ITEM 18, PA                      | RT 1 OR PART 2)     |                                  |
| 0   | HYS<br>I phy<br>nis ce                              | Jent or I                                  | MEDICAL                   | (IF EITHER, NOTIFY MEDI                                    |               | P /   |                                    | 19          |                        |           |                               |  |                     |                                  |
| Sio   | ding P  | and Mental Hygiene<br>rrked or Item 18 sho | MED                       | 21d INJURY OCCUP   | WHILE         | 21e PLACE (   | OF INJURY<br>EET, FACTORY, OFFICE, | FARM, ETC.) | 211 LOCATION<br>STREET | _         | CITY OR TOV                   | VN                                     | COUNTY              | STATE                            |
| >D  | ENDING<br>or attendig<br>OR: After                  | olth a                                     | 17.                       | AT WORK - AT W   | ORK —         |   | ~                                  | 1.0         |                        | 6.0       |                               | 162                                    | 4.50                |                                  |
|   | F 0 0 5   | Hea<br>21 is                               | 1                         | 22a I certify that (I                                      |               |   | deceased from                      | 1 0         | ) - 6 -                | 19 80     | , 10                          | 15-1                                   | · — ·               | that (I) (we) last               |
|   | Spita<br>Spita                                      | tem<br>tem                                 | 14                        | above, (I) (we) (did) (did not) view the body ofter death. |               |   |                                    |             |                        |           |                               |  |                     |                                  |
| 4   | AL DIRECT   | Def :                                      |                           | 226. SIGNATURE   | //            | 201/2/h   | A                                  |             | DEGREE<br>ATTE         | ENDING    | MEDICAL STA                   |  | 22c. DATE           | SIGNED                           |
|   | N th  | ANT  |                           | 22d. PHYSICIAN'S N   | IAME IT       | 141 100   | 1                                  |             | PHY<br>22e ADDRESS     | YSICIAN   | DIRECTOR PHYSIC               | IAN D                                  | 10/                 | 15/40                            |
|   | HOSP<br>Hosp<br>Hosp<br>Hosp<br>Hosp                | the SRT,                                   |                           | TO A   | TAME (TYPE DI | DA  |                                    |             |                        | PALA      | Mis bene                      | ahl                                    | Kost                | rital.                           |
| ,   | TO HOSPITAL<br>retained by the<br>TO FUNERAL I      | with the State                             |                           | 1 214, 5   | 1 1           | TAILL   |                                    |             |                        |           |                               | -,,,,,                                 | 1                   | 7. /                             |
| 1/7.  | 15  | 1  |                           | SURIAL, CREMATION SPECIFY)                                 |               | 23b. DATE   |                                    |             | METERY OR CRE          |           | 23d. LOCATION<br>CITY OR TOWN |  | COUNTY              | STATE                            |
| 100   | BP  | -  | R                         | EMOVAL/BU  | RIAL          | OCT 16  | ,1980 C                            | EDAR P      | ARK-BETH               | I EL      | PARAMUS                       | AND DESCRIPTION OF THE PERSON NAMED IN | NEW                 |                                  |
|   | DHMH-   |  |                           | NAME DETCT   | SUL           | LEVINSON  | E BROS                             |             |                        | חח        | F 22 1980                     | 200                                    | ARS-SICIAL          | Sende                            |
|   | (VRA 15   | , 4/ 1//9                                  |                           | 6010 REIST   | ERSTO         | WN RD.  | BALTO.                             | MD          | 21215                  | UU        | ~ 6 130U                      |  | 7,,,,               | 7                                |



STATE OF MARYLAND

YTHURY BIRLINGS L

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2h. HOUR (TYPE OR PRINT) RONALD RUPPEL RODNEY 10 16 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 24 HRS IF UNDER 1 YEAR MONTH YEAR CAU HOURS 71AM CA 53 03 JR BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED TO COUNTRY U.S. A. Maryland DIVORCED | Balto. County WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Randallstown Balto. Co. General Hospital unemployed none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21136 13R STREET ADDRESS Apt. #1c 136 COUNTY 134. INSIDE CITY LIMITS? 115 Caraway Rd. Reisterstown, Md. Balto. Reisterstown Maruland NOTT 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Madeline MIDDLE Murphy Gilbert Ruppel Sr.  $L_{\bullet}$ 10701 Sprinkle La. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR DATES) Mr. Gilbert L. Ruppel Sr. Owings Mills, Md. 213-70-7495 no IS CAUSE OF DEATH (Enter only one couse per line for 101, 161, ond,10 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O. DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 19 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we)(did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING S MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS should be with the S MPORT 0 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Balto. Loudon Park Cemetery Burial 10 - 20 - 8024 FUNERAL DIRECTOR 8728 Liberty Rd. Randallstown, Md. 21133 DHMH-16 25M VRA 15, 4) 1/79

